

The Morris House Group Practice

Quality Report

239 Lordship Lane

Haringey

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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 Morris House Group Practice on 19 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Data from the Quality and Outcomes Framework showed that patient outcomes for most indicators were comparable to the local and national averages. However, the Clinical Exception Reporting rate was above the local and national average.

- Patients said they were treated with compassion, dignity and respect and felt involved in decisions about their care and 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 GP patient survey results showed that patient's satisfaction with regards to booking appointments was below the local and national average. Patients said they often found it difficult to make an appointment with a GP and had difficulty getting through to the surgery by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had identified only 51 patients as carers (0.4% of the practice list).
- There was a clear leadership structure and staff felt supported by management.
- The practice sought feedback from staff and patients, which it acted on. However, there was no active patient participation group.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvements are:

- The provider should continue to monitor patient satisfaction rates regarding booking routine and urgent appointments and implement improvements as appropriate.
- The provider should continue to develop and implement a clinical quality improvement programme aimed at reducing the exception reporting rate for the Quality and Outcomes Framework (QOF).
- The provider should record batch numbers of blank electronic prescriptions placed in individual printers and maintain records when prescription pads are assigned to individual GPs.
- The provider should consider proactive strategies to encourage patients to join a patient participation group (PPG) and establish regular communication with group members.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to all carers registered with the practice.

Professor Steve Field CBE FRCP FFPH FRCG

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 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. Patients were informed of any improvements made to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for most indicators were comparable to the local and national averages. The total QOF points achieved by the practice for 2015/16 was 98% compared to the clinical commissioning group (CCG) average of 92% and national average of 95%.
- The Clinical Exception Reporting rate of 24% was above the CCG average of 11% and 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 staff.
- Staff worked with other health care professionals to meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about services available to them was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained confidentiality of patient information.

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.
- Patients said they often found it difficult to make an appointment with a GP and had difficulty getting through to the surgery by telephone. The practice was actively trying to address these issues.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- The practice sought feedback from staff and patients which it acted on.
- The practice had not had an active patient participation group (PPG) for three years. However, the practice did have a patient reference group of approximately 60 patients who they could contact by email if required.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Quality and Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff worked closely with GPs and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The practice performance rate for the Quality and Outcomes Framework (QOF) diabetes related indicators was comparable to the local and national average.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check that their health and medicines needs were being met.
- For those patients with the most complex needs the GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The management of patients with complex needs were discussed at weekly teleconference multi-disciplinary team meetings held with local hospital clinicians.

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 who were at risk, for example, children and young people who had a high number of A&E attendances.

Good



Summary of findings

- Immunisation rates for all standard childhood immunisations were comparable to national targets.
- Children and young people were treated in an age-appropriate way.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national averages. Sample taking for cervical smears was carried out by both GP and nursing staff to improve access for patients.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence of joint working with health visitors who attended six-weekly safeguarding meetings at the practice to discuss children of concern.

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.
- Extended hours appointments were available at the surgery from 7.30am four mornings a week and up to 7.15pm three evenings a week.
- The practice was proactive in offering online services. An application form for access to on-line access was included in new patient registration packs to encourage uptake of the service.
- A telephone consultation call-back service was available for patients who required telephone advice only.
- A full range of health promotion and screening services were provided that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments and annual reviews for patients with a learning disability. 70% of patients on the learning disability register had received an annual review.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice had a higher than average number of patients who were refugees or victims of torture. These patients were referred to appropriate local support services and an alert was placed on the patient's records.

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).

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 83% and national average of 84%.
- 100% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 83% and national average of 89%.
- 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 informed patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they had been experiencing poor mental health.
- A dedicated mental health review clinic was in place with a nurse and GP both in attendance to ensure both a physical and mental health screening and management review could be undertaken sequentially.
- 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 published in July 2016 showed the practice was performing below the local clinical commissioning group (CCG) and national averages in some areas. Of the 344 survey forms distributed, 108 were returned. This represented a response rate of 31% (0.86% of the practice's patient list).

- 41% of patients said they found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 45% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and national average of 76%.

The practice were aware of the low patient satisfaction rates in relation to access to GP appointments and continued to develop, implement and monitor strategies to address the issues.

- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and national average of 85%.
- 70% 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 74% and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 16 comment cards which were all positive about the standard of care received. However, four cards also included negative comments regarding booking appointments, for example, difficulty getting through on the telephone and the lack of available appointments. Patients described the care received as excellent and commented that staff were friendly and treated patients with courtesy and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients commented that it was not always easy to book an appointment.

Results of the Friends and Family survey for the six months from July to December 2016 showed that 50% of patients would recommend the practice to friends and family. Of the 20 survey responses received by the practice, 10 patients (50%) were likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The provider should continue to monitor patient satisfaction rates regarding booking routine and urgent appointments and implement improvements as appropriate.
- The provider should continue to develop and implement a clinical quality improvement programme aimed at reducing the exception reporting rate for the Quality and Outcomes Framework (QOF).
- The provider should record batch numbers of blank electronic prescriptions placed in individual printers and maintain records when prescription pads are assigned to individual GPs.
- The provider should consider proactive strategies to encourage patients to join a patient participation group (PPG) and establish regular communication with group members.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.

The Morris House Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser and a second GP Specialist Adviser.

Background to The Morris House Group Practice

The Morris House Group Practice is based in the Lordship Lane Primary Health Care Centre located at 239 Lordship Lane London N17 6AA in a predominantly residential area of Tottenham in the London Borough of Haringey.

The part of the Health Care Centre leased by the provider includes 10 consulting rooms and three treatment rooms and a large reception and waiting area which is shared with the provider of NHS community services in the centre. All rooms used for patient care are based on the ground floor and administration offices are based on the first floor of the building.

Haringey Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Services are delivered under a General Medical Services (GMS) contract. (A GMS contract is a nationally negotiated contract for the provision of services in general practice).

The practice is registered with the CQC as a Partnership of five partners (four GPs and one Practice Manager). The

partnership is registered to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 12500 registered patients. The practice age distribution is similar to the national average with a slightly higher than average number of patients in the 40 to 55 year age group. The surgery is based in an area with a deprivation score of 1 out of 10 (with 1 being the most deprived and 10 being the least deprived).

GP services are provided by four GP partners, three male and one female (3.4 wte); four female part-time salaried GPs (3 wte) and two GP trainees. At the time of the inspection two of the salaried GPs employed by the practice were on maternity leave (1.3 wte) and locum GPs were used to cover their sessions when required.

Clinical services are also provided by a Nurse Practitioner (1 wte); a Practice Nurse (0.8 wte) and two Health Care Assistants (1.8 wte).

Administrative services are provided by the Practice Manager (1.0 wte) Assistant Practice Manager (1.0 wte), Senior Receptionist (1.0 wte) and 13 administration/reception staff (9.65 wte).

The surgery is a teaching and training practice providing placements for up to three GP trainees each year and placements for medical students from Kings College London and registered nurses undertaking practice nurse training with the South Bank University. All partners and the Nurse Practitioner were involved in the practice training programme.

Detailed findings

The practice reception is open from 7.30am to 7pm on Monday and Wednesday; from 8am to 7pm on Tuesday; from 7.30am to midday on Thursday and from 7.30am to 6.30pm on Friday.

The practice telephone lines are open between 8am and 6.30pm Monday to Friday except Thursday when the telephone lines close at 1pm. On Thursday afternoons, between 1pm and 6.30pm, Barndoc is the out-of-hours service provider. The contact number for this service is provided on the practice answerphone message and website.

The surgery is closed at weekends.

Pre-booked and urgent appointments are available with a GP from 7.30am to 7.15pm on Monday and Wednesday; from 9am to 7.15pm on Tuesday; from 7.30am to midday on Thursday and from 7.30am to 6.30pm on Friday.

Appointments are available with the Nurse Practitioner from 7.30am to 4.30pm on Monday; from 8am to midday and 2pm to 5.30pm on Tuesday; from 8.30am to 5pm on Wednesday and from 8am to midday on Friday.

Appointments are available with the Practice Nurse from 8.30am to 5.30pm on Monday and Tuesday and from 8.30am to 1pm on Wednesday.

Appointments are available with a Health Care Assistant from 9.30am to 3.30pm on Monday; from 9am to 3pm on Tuesday; from 9am to midday on Thursday and from 9.30am to 3pm on Friday.

When the surgery is closed urgent GP services are available via NHS 111 (apart from Thursdays between 1pm and 6.30pm when GP services are available via an alternative number).

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 19 January 2017.

During our visit we:

- Spoke with a range of staff including GP Partners, Practice Manager, Assistant Practice Manager, Health Care Assistants and reception/administrative staff.
- Spoke with patients who used the service.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) 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 for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an electronic incident recording form available. The incident reporting procedure 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 informed of any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a comprehensive investigation and analysis of all significant events and near misses and an evaluation of the incident was discussed at weekly leadership meetings attended by the Practice Manager and GP partners.
- Learning was shared with staff at six-weekly staff meetings. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

We reviewed 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, a patient presented at the practice with unexplained weight loss. It was noticed that the patient had been diagnosed with a blood deficiency a number of years previously for which regular three monthly injections were required. The patient had not received an injection for the past five years as they were unaware they were required to continue them. As a result of this incident a procedure was implemented in which all patients with a specific blood deficiency were coded on the electronic record system and a search carried out every six months to identify those patients who had not received an injection in the preceding six months. The list was then passed to the Practice Nurse to action.

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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were readily accessible to all staff via their computer desktop. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding adults and a lead GP for safeguarding children.
- The GPs attended child safeguarding meetings when required and provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to Child Safeguarding level 3, Nurses and Health Care Assistants to level 2 and administrative staff to level 1.
- A notice in the waiting area and in consultation and treatment rooms advised patients that chaperones were available if required. Both male and female chaperones were available and all staff who acted as chaperones were trained for the role. All staff 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 adults who may be vulnerable or children).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Nurse Practitioner was the infection control clinical lead and was supported in this role by the Practice Manager. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken and we saw evidence that action was taken to address improvements identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

Are services safe?

- The practice carried out regular medicines audits with the support of the local clinical commissioning group pharmacy team to ensure prescribing was in line with best practice guidelines for safe and effective prescribing.
- Blank prescription forms and pads were securely stored. However there were no systems in place to monitor their distribution.
- The Nurse Practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the partners for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer some medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Patient Specific Directions (PSDs) had been adopted by the practice to allow Health Care Assistants to administer vaccines and medicines against a patient specific direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine or appliance to be supplied or administered to a named patient (including the dose, route and frequency) after the prescriber has assessed the patient on an individual basis.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had a variety of other risk assessments to monitor safety of the premises such as the control of substances hazardous to health, 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 for all staffing groups to ensure sufficient staff were on duty. GP, nursing and administrative staff provided annual leave cover for colleagues. The rota ensured that there was a GP partner present for all sessions.

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 electronic instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency and a panic alarm button was available in all rooms also.
- All staff received annual Basic Life Support (BLS) training and staff administering injections had received anaphylaxis training. One of the partners was an Advanced Life Support trainer and held regular training sessions for staff.
- In addition to BLS training, GPs also received Immediate Life Support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The medicines we checked were in date and stored securely.
- A first aid kit and accident book were available in reception.
- The practice had a comprehensive business continuity plan for managing major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Arrangements were in place with local practices to provide support if required. Copies of the plan were also kept off-site with the partners.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety.
- The practice had evidence of up to date fire risk assessments. Regular fire drills were carried out in collaboration with the premises facilities team.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

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, audits and random checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results used by the CQC (2015/16) showed that the practice achieved 98% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 92% and national average of 95%.

This practice was not an outlier for any QOF clinical targets. Data from (2015/16) showed:

- Performance for diabetes related indicators of 98% was comparable to the CCG average of 81% and national average of 90%. The exception reporting rate for these indicators were above the CCG and national average.
- Performance for mental health related indicators of 99% was comparable to the CCG average of 89% and national average of 93%. The exception reporting rate for these indicators were above the CCG and national average.

The practice exception reporting rate of 24% was above the CCG average of 11% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patient is unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice were aware of the need to reduce the exception reporting rate and had identified actions to address this, such as training

administrative staff to enable them to advise patients on the benefits of annual reviews for long term conditions and identifying opportunistic actions that could be undertaken during routine appointments.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

We looked at two clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, one of these was a two-cycle completed audit carried out to monitor the management of blood test monitoring for patients receiving high risk medicines (these are medicines that if taken long-term may cause a higher risk of serious side effects). The recommended frequency of blood testing for this group of patients is three-monthly.

- The initial audit showed that of the 34 patients identified as receiving high risk medicines 35% (12 patients) had not received appropriate blood test monitoring.
- A second audit was undertaken six months later which showed that of the 37 patients identified the number of patients who had not received appropriate monitoring had reduced to 19% (7 patients).

The practice felt that this improvement was merely as a result of raising awareness and that without implementing an effective monitoring system this improvement would be unlikely to continue. The practice therefore implemented a procedure to run a three-monthly search of patients on high risk medicines and contact is made with any patient for whom they do not have an appropriate blood test result. Guidelines for the repeat prescribing of high risk medicines have also been developed and implemented by the practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

Are services effective?

(for example, treatment is effective)

safety, health and safety and confidentiality. Locum staff also received a brief induction which included information on the location of emergency equipment and medicines and essential contact numbers.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.
- Mandatory training requirements were continuously reviewed. For example, a recent review identified the need for additional training for reception staff in customer service, conflict resolution and negotiating.
- 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 immunisation programmes, for example by access to on line resources and through discussion and support from colleagues.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, basic life support, information governance and infection control. 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 internal shared drive 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. Meetings took place with other health care professionals on a six-weekly basis for child safeguarding issues and on a three-monthly basis for the review and updating of care plans for patients with complex needs.

Consent to care and treatment

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

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

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 offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%. The practice contacted patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme by offering appointments with both the practice nurses and GPs and by ensuring that a female sample taker was available. 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 screening.

Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given to children under five years old were in line with the 90% national target.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consultation and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All patients were checked at the time of booking for consent to medical or nursing students being present during consultations. Consent was also confirmed again when they checked in and finally when they met with the clinician.

All of the 16 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

There was no patient participation group at the time of the inspection. The practice had not had an active patient participation group (PPG) for three years. However, the practice did have a list of approximately 60 patients who they could contact by email if required.

Results from the most recently published national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 87% and the national average of 92%.
- 83% 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%.
- 96% 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%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments to them compared to the CCG average of 81% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% 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 the CCG average of 77% and the national average of 85%.

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

Are services caring?

- Staff told us that interpreting services were available for patients who did not have English as a first language and that these services were frequently used. We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in the waiting room on a variety of health related subjects, such as a leaflet explaining the process and reasons for an urgent two-week referral to a hospital specialist.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets, notices and a television screen were available in the patient waiting area which displayed information for patients about services available to them including how to access available support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (0.4% of the practice list) which is lower than the national average. Identified carers were sent an information leaflet explaining the local support services available to them.

Staff told us that if families had suffered bereavement their usual GP contacted them. A consultation at a flexible time and location to meet the family's needs was offered and advice on how to access support services was provided. All staff were informed immediately of the death of a patient via the practice electronic communication system.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered morning and evening extended hours appointments each day for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who requested them.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Routine appointments could be booked five weeks in advance.
- The practice utilised local GP Federation access schemes to extend the availability of GP services outside normal surgery hours.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities such as toilets accessible for patients in a wheelchair and ground floor consulting rooms.
- Interpreting services were available for patients who required them.
- The provider had identified that the practice had a high prevalence of HIV and Hepatitis. They therefore provided a form for HIV and Hepatitis blood tests to all new patients registering at the practice. As a result they had identified 17 new cases of Hepatitis B and three new cases of HIV that had not previously been diagnosed.

Access to the service

- The practice reception was open from 7.30am to 7pm Monday and Wednesday; from 8am to 7pm on Tuesday; from 7.30am to midday on Thursday and from 7.30am to 6.30pm on Friday.
- The practice telephone lines were open between 8am and 6.30pm Monday to Friday except Thursday when the telephone lines closed at 1pm. On Thursday

afternoons, between 1pm and 6.30pm GP services were provided by an out-of-hours service provider. The contact number for this service was provided on the practice answerphone message and website.

- Appointments were available with a GP from 7.30am to 7.15pm on Monday and Wednesday; from 9am to 7.15pm on Tuesday; from 7.30am to midday on Thursday and from 7.30am to 6.30pm on Friday.
- Appointments were available with the Nurse Practitioner from 7.30am to 4.30pm on Monday; from 8am to midday and 2pm to 5.30pm on Tuesday; from 8.30am to 5pm on Wednesday and from 8am to midday on Friday.
- Appointments were available with the Practice Nurse from 8.30am to 5.30pm on Monday and Tuesday and from 8.30am to 1pm on Wednesday. In order to increase the capacity of nursing services the practice had recently recruited an additional practice nurse who was due to start the following month.
- Appointments were available with a Health Care Assistant from 9.30am to 3.30pm on Monday; from 9am to 3pm on Tuesday; from 9am to midday on Thursday and from 9.30am to 3pm on Friday.
- A telephone consultation call-back service was available for patients who required telephone advice only.

Results from the national GP patient survey showed that not all patients were satisfied with how they could access care and treatment:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 41% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.
- 45% of patients stated that they were able to get an appointment the last time they tried compared to the CCG average of 72% and national average of 76%.

People told us on the day of the inspection that it was sometimes difficult to book an appointment when they needed one and that it was often difficult to get through to the surgery by telephone. The negative comments we received in the CQC comment cards reflected this also.

The provider was aware that there were problems with accessing appointments and it was therefore a priority area for improvement. They had increased the number of GP appointments by 18% from March 2016 (an increase of

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

8,500 appointments per annum). The practice had set a target of 3.7 appointments per year per patient and had implemented a procedure to map the demand for appointments which included specific actions to take if available appointments fell below the red, amber or green levels set by the practice.

The provider had also introduced a daily telephone consultation 'call-back' service for patients who did not require a face to face consultation and an automated telephone appointment booking service. A new telephone answering protocol was also being developed by the practice in an attempt to help alleviate the problem and the provider was liaising with the premises owners to negotiate an improved telephony system as the telephone system was not commissioned or managed by the practice.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit, alternative emergency care arrangements were made.

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 complaints in the practice.
- A minimum of two members of staff investigated each complaint and jointly formulated the response.
- Information was available in reception and on the practice website to help patients understand the complaints system.

We looked at 30 complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. The most common themes identified through the trend analysis were communication, clinical care and the telephone system.

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 which staff knew and understood.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and this was regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff via the practice shared drive.
- A comprehensive understanding of the performance of the practice was maintained. The partners were aware of, and were addressing, the reasons for the low patient satisfaction rates in some areas of the GP patient survey and the higher than average overall exception reporting rate for the clinical domains of the Quality and Outcomes Framework.
- Clinical audit was used to monitor quality and to make improvements. However, the programme of audit was informal and unstructured.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of the 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 aimed to be a leader in patient care, staff support, education and innovation.

Staff told us the partners were approachable and always took the time to listen to 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 for all staff on communicating with patients about notifiable safety incidents.

The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw evidence to support this.
- Daily morning coffee meetings were attended by clinicians to informally discuss clinical issues.
- Complex care meetings were held six-weekly to discuss patients with complex needs.
- 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 by the partners in the practice. All staff were involved in discussions about how to develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The partners had recently implemented a recognition of service and excellence programme to reward staff, for example, staff with long service were given a bonus payment and additional annual leave entitlement.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice did not have an active patient participation group (PPG). A list of approximately 60 patients was available as a patient reference group who could be contacted by email if required. The practice had gathered feedback from patients through surveys and complaints received.

Are services well-led?

Good 

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

There was an online Friends and Family Survey form on the practice website and a supply of forms at the reception desk but the practice did not distribute forms direct to patients to obtain patient feedback.

The practice had gathered feedback from staff through staff meetings, annual staff appraisals and discussion at 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 in discussions and decisions around improvements and service development.

A staff survey had been carried out annually to monitor staff satisfaction. More than 80% of staff responded that they enjoyed working at the practice, felt listened to, felt supported by management and colleagues and that they would recommend it as a place to work.

Continuous improvement

The practice was involved in the training of GPs and the teaching of medical students and nurses and there was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were participating in a pilot project exploring the possibility of group consultations for patients with minor ailments, such as a cough or sore throat with no previous medical history and for patients undergoing routine reviews for long-term conditions such as diabetes.