

The Surgery - Barretts Grove

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	14
Background to The Surgery - Barretts Grove	14
Why we carried out this inspection	14
How we carried out this inspection	14
Detailed findings	16

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery – Barretts Grove on 11 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report published in December 2016 can be found by selecting the ‘all reports’ link for The Surgery – Barretts Grove on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 13 June 2017, carried out to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulation that we identified in our previous inspection on 11 November 2016. There were breaches in health and safety, risk management and recruitment processes. There were also concerns with policies and procedures, staff training and the business continuity plan. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice had a full complement of emergency medicines, all of these were stored correctly including vaccines, were in date and included a supply of oxygen.
- The practice had completed a number of risk assessments, which included fire, legionella and infection control.
- All electrical equipment was tested to make sure it was in good working order and clinical equipment was calibrated.
- There was a comprehensive business plan and we saw an example of when it had been effectively used.
- All policies and protocols were accessible to all staff members and had recently been reviewed and version controlled.

Summary of findings

- The practice had a new recruitment process, we saw that this was followed for all newly appointed staff members and included an induction.
 - All staff had completed mandatory training such as basic life support and fire safety and all clinical staff had attended training updates.
 - Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
 - Results from the national GP patient survey showed patients rated the practice in-line with the CCG and national averages for several aspects of care.
 - Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
 - Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
 - The practice had good facilities and was well equipped to treat patients and meet their needs.
 - There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
 - The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- However, there was also an area of practice where the provider needs to make improvements.
- The provider should:
- Continue to work to improve coding issues for patients with mental health as identified by QOF.

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?

At our previous inspection on 11 November 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the management of medicines, health and safety, cleanliness and infection control, emergency equipment and electrical equipment testing and recruitment processes were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The practice had systems to monitor and adequate supplies of emergency medicines including oxygen, all medicines and disposable equipment we checked was in date and the storage of vaccines was in-line with manufacturer's guidelines.
- The practice had a range of risk assessments and action plans made as a result which were followed. This included infection control, fire safety and legionella testing.
- All electrical equipment was checked and clinical equipment calibrated to ensure that it was in good working order.
- The practice had good systems for actioning and recording patient safety alerts.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- There was a new recruitment policy and we saw that this was adhered to when employing all new members of staff and included all the necessary pre-employment checks.

Good



Summary of findings

Are services effective?

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing effective services as there were gaps in clinical training and not all staff members had received an induction.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The provider is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the CCG and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. All staff members had completed mandatory training such as basic life support and safeguarding and all clinical staff attended training updates.
- There was evidence of appraisals and personal development plans for all staff. We saw that all newly appointed staff members had received an induction.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

At our previous inspection on 11 November 2016, we rated the practice as good for providing caring services.

We undertook a follow up inspection on 13 June 2017. The practice is still rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in-line with the CCG and national averages for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1% of its patient list as a carer.

Good



Are services responsive to people's needs?

At our previous inspection on 11 November 2016, we rated the practice as good for providing responsive services.

Good



Summary of findings

We undertook a follow up inspection on 13 June 2017. The practice is still rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice offered extended hours appointment on a Tuesday evening until 7:15pm.
- Telephone consultations were offered daily for patients who were unable to attend the practice.
- The practice was a part of the local HUB, which provided weekday evening and weekend appointments with a GP and practice nurse when the practice was closed.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was signed up to two locally enhanced services, which provided joint appointments with community services for patients with a mental health condition and extended 30 minute appointments for patients with cancer or two or more long term conditions where they could discuss any aspect of their care.

Are services well-led?

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing well-led services as there was no organisational structure and there was a lack of clarity around in who led in key areas such as infection control and there was incomplete policies and protocols.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 13 June 2017. The practice is now 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.

Good



Summary of findings

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

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 provider had resolved all the concerns for safety, effectiveness, and being well-led identified at our inspection on 11 November 2016, this applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice had identified 1% of its patient list as a carer, and offered them an annual review and directed them to support services as required.

People with long term conditions

The provider had resolved all the concerns for safety, effectiveness, and being well-led identified at our inspection on 11 November 2016, this applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

Good



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

Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- 88% of patients on the diabetes register had a HbA1c blood test result of 64mmol/mol or less in the preceding 12 months which was the same as the CCG average and above the national average of 78%. There was an exception reporting rate of 3%, which was lower than the CCG average of 8% and the national average of 13%.
- The practice as a part of the locally enhanced service called 'time to talk', which provided extended appointments (30 minutes) with a GP to patients with cancer or who had two or more long term conditions where they were able to talk about any aspect of their health.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider had resolved all the concerns for safety, effectiveness, and being well-led identified at our inspection on 11 November 2016, this applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were above the CCG and national averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

The provider had resolved all the concerns for safety, effectiveness, and being well-led identified at our inspection on 11 November 2016, this applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours one evening a week.
- Telephone consultations were available each day at different times during the day for patients who were unable to attend the practice.
- The practice was a part of a local HUB, which provided GP and nurse appointments to patients on weekday evenings and on weekends when the practice was closed.
- 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.
- Health promotion advice was offered and there was health promotional material available in other languages.

Good



People whose circumstances may make them vulnerable

The provider had resolved all the concerns for safety, effectiveness, and being well-led identified at our inspection on 11 November 2016, this applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

Good



Summary of findings

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

People experiencing poor mental health (including people with dementia)

The provider had resolved all the concerns for safety, effectiveness, and being well-led identified at our inspection on 11 November 2016, this applied to everyone using this practice including this population group. The population group ratings have been updated to reflect this.

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

- The practice carried out advance care planning for patients living with dementia.
- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 90% and the national average of 84%. Exception reporting was 12% which was above the CCG average of 4% and the national of 7%. However this was just two out of 16 patients.
- There were longer appointments for these patients.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 72% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan

Good



Summary of findings

documented in their record in the preceding 12 months compared to the CCG average 88% and the national average of 89%. There was an exception reporting rate of 2%, which was below the CCG average of 9% and the national average of 10%.

- The practice was signed up to 'extended primary care' which gave joint extended appointments to mental health patients with their GP and community services such as a psychiatrist and link worker.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was rated in line with local and national averages. Three hundred and fifty eight forms were distributed and 72 were returned. This represented 2% of the practice's patient list.

- 83% of patients described the overall experience of this GP as good compared with the CCG average of 84% and the national average of 85%.
- 85% of patients described their experience of making an appointment as good compared with the CCG and the national average of 73%.
- 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 79% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. There was a recurring theme of friendly, caring and helpful staff members.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were compassionate, approachable, committed and caring. The practice participated in the Friends and Family Test and had 160 responses in the last 12 months 100% of which said they would be extremely likely or likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

The provider should:

- Continue to work to improve coding issues for patients with mental health as identified by QOF.

The Surgery - Barretts Grove

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector who was supported by a GP specialist advisor.

Background to The Surgery - Barretts Grove

The Surgery – Barretts Grove is located in a converted house in a residential street in East London and is a part of City and Hackney CCG. The practice is served by good transport links and there are disabled parking bays close to the premises.

There are 3500 patients registered with the practice 16% of whom are under the age of 18 years, which is lower than the CCG average of 22% and the national average of 21%, there is also a large number of patients who do not have English as a first language. The practice has a deprivation score of 40, which is significantly higher (more deprived) than the national average of 22.

The practice has one male and one female GP partner and two regular locums who complete a total of 13 sessions per week. There are two practice nurses who carry out 11 sessions per week; a diabetes specialist nurse holds a session at the practice fortnightly and a practice pharmacist. The practice also has a practice manager and five reception/administration staff members.

The practice operates under a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is open on Monday to Friday between 9am to 6:30pm except for Thursday when it closes at 1pm. Phone lines are answered from 9am and appointment times are as follows:

- Monday 9:30am to 1:45pm and 3:30pm to 5:40pm
- Tuesday 9:30am to 12:10pm and 4:30pm to 7:15pm
- Wednesday 9:30am to 12:15pm and 3pm to 5:10pm
- Thursday 9:30am to 12:15pm
- Friday 9:30am to 12:15pm and 3:30pm to 5:40pm

The locally agreed out of hour provider covers calls made to the practice whilst the practice is closed.

The Surgery – Barretts Grove operates regulated activities from one location and is registered with the Care Quality Commission to provide diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Why we carried out this inspection

We inspected this service as part of our comprehensive programme. This service had previously been inspected on 11 November 2016 and the overall rating for the practice was requires improvement. The full comprehensive report published in December 2016 can be found by selecting the 'all reports' link for The Surgery Barretts Grove on our website at www.cqc.org.uk.

We carried out a comprehensive inspection of this service on 13 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 13 June 2017. During our visit we:

- Spoke with a range of staff including GPs, a nurse, the practice manager and reception/administration staff members. We also spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed the practice's action plan for improvement.
- 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 11 November 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the management of medicines, health and safety, cleanliness and infection control, emergency equipment and electrical equipment testing and recruitment processes were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents, there was a recording form available of the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From a sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of significant events and had documented two significant events since their previous inspection in November 2016.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that the practice had a significant events log and this was a standing agenda item at both the practice and clinical meetings. We viewed a significant event about a patient that did not receive an appointment from the hospital following a referral by the practice. We saw that the practice carried out an

investigation and found that the faxed referral was not received by the hospital. The patient received an apology and explanation from the practice and this was discussed in a practice meeting where it was agreed that fax confirmation slips would be kept with the referrals and followed up with a phone call to confirm that the referral was received.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice's computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. We viewed one documented example and found that the GP provided reports to the external agency in a timely way.
- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding children and vulnerable adults relevant to their role stating that if there was any doubt they would speak to one of the GP partners. GPs were trained to child safeguarding level three, nurse level two or three and non-clinical staff were trained to level one.
- There was a chaperone policy and notice displayed in the waiting room and all clinical rooms advising patients of the chaperoning service and 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 practice to be clean and tidy. We saw that cleaning schedules were in place, including schedules for the cleaning of clinical equipment.
- The practice manager was the infection prevention and control lead (IPC) who liaised with the local infection

Are services safe?

prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we 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 minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines such as warfarin and methotrexate. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. These files also contained staff training records and we saw that all staff had completed mandatory training.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- We looked in the practice's vaccine fridge and saw that it was adequately filled allowing for appropriate air circulation, the fridge temperatures were sufficiently monitored and all vaccines were in date and rotation of vaccines was used.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff members booked annual leave in advance and there was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

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

Are services safe?

building damage. The plan included emergency contact numbers for staff and copies were held by staff members outside of the premises in case of restricted access to the building.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing effective services as there were gaps in clinical training and not all staff members had received an induction.

These arrangements had significantly improved when we undertook a follow up inspection on 13 June 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussions at clinical meetings.
- Patient safety alerts were a standard agenda item at clinical meetings, the practice kept written records of all patient safety alerts that included any patient searches carried out as a result and action taken.

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 were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and the national average of 95%. There was an overall exception reporting rate was 7% compared to the CCG average of 5% and the national average of 6%. 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 QOF showed:

- Performance for diabetes related indicators was above the CCG and national averages. For example 88% of patients on the diabetes register had a HbA1c blood test result of 64mmol/mol or less in the preceding 12 months which was the same as the CCG average and above the national average of 78%. There was an exception reporting rate of 3%, which was lower than the CCG average of 8% and the national average of 13%.
- Performance for mental health related indicator was sometimes below the CCG and national averages. For example 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar to the CCG average of 90% and the national average of 84%. Exception reporting was 12% which was above the CCG average of 4% and the national average of 6%.
- 72% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average 88% and the national average of 89%. There was an exception reporting rate of 2%, which was below the CCG average of 9% and the national average of 10%.

We saw that low performance in mental health was linked to read coding issues which the practice was working on. The exception reporting rate was high for the mental health indicator as there were small numbers of patients, the practice exception reported two out of a total of 16 patients.

There was evidence of quality improvement including clinical audit:

- There had been 19 clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice completed an audit looking at A&E attendances in children under five years old. The first audit showed that there were 40 A&E attendances by 32 patients, 68% of patients attended on a Monday or a Tuesday and 60% of patients attended inappropriately. The results were discussed at a practice meeting where it was agreed to increase the number of appointments available on a Tuesday and contact all

Are services effective?

(for example, treatment is effective)

the parents of all the children who attended A&E inappropriately and explain how to best access services and educate on childhood illnesses. The second audit showed that there were 28 A&E attendances by 24 patients and 60% of the attendances were appropriate. There was also a reduction in patients attending A&E on a Tuesday.

Information about patients' outcomes was used to make improvements such as: the practice signing up to a locally enhanced service called 'time to talk', which provided extended appointments (30 minutes) with a GP to patients with cancer or who had two or more long term conditions where they were able to talk about any aspect of their health.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and carrying out cervical cytology.
- 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 attending updates, access to on line resources and discussion at practice meetings and nurses 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, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and clinical updates. Staff had access to and made use of e-learning training modules and in-house training.

- We saw that all new members of staff had received an induction.

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.
- From the sample of three documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients who did not have English as a first language.
- Smoking cessation advice was available on the premises and a dietician was available from a local support group.

The practice's uptake for the cervical screening programme was 72%, which was comparable with the CCG average of 79% and the national average of 81%. Exception reporting was 3%, which was lower than the CCG average of 8% and the national average of 7%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. There were also leaflets available in other languages about the benefits of being screened. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 58% of female patients aged between 50 and 70 years old had been screened for breast cancer in the past three years compared to the CCG average of 60% and the national average of 73%. Forty one percent of patients aged 60 to 69 were screened for bowel cancer in the past 30 months compared to the CCG average of 43% and the national average of 58%.

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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the national averages. For example, rates for the vaccines given to under two year olds ranged from 92% to 100% compared to the national average of 90%. Uptake for five year olds from 89% to 94% compared to the CCG averages of 83% to 93% and the national average of 90%.

Are services caring?

Our findings

At our previous inspection on 11 November 2016, we rated the practice as good for providing caring services.

We undertook a follow up inspection on 13 June 2017. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 90% of patients said the GP was good at listening to them compared with the CCG average of 88% and the national average of 89%.

- 87% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 86% of patients said the nurse was good at listening to them compared with the CCG average of 87% and the national average of 91%.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

We were told by patients we spoke with and practice staff members that children and young people were treated in an age-appropriate way and recognised as individuals.

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 and national averages. For example:

Are services caring?

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support; patients were offered an annual flu vaccination and health check. The practice also worked with a local carers organisation who provided support and respite to carers.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 November 2016, we rated the practice as good for providing responsive services.

We undertook a follow up inspection on 13 June 2017. The practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

- The practice offered extended hours appointments on a Tuesday evening until 7:15pm for working patients who could not attend during normal opening hours.
- Longer appointments were 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 was a part of a locally enhanced service called 'time to talk', which provided extended appointments (30 minutes) with a GP to patients with cancer or who had two or more long term conditions where they were able to talk about any aspect of their health.
- The practice was signed up to 'extended primary care' which gave joint extended appointments to mental health patients with their GP and community services such as a psychiatrist and link worker.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice was a part of the local HUB, which provided GP and nursing appointments to patients on weekday evenings and on weekends whilst the practice was closed.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

- The practice had implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice had successfully bid for funding from NHS England to extend the premises, creating more consultation rooms and better access for disabled patients.

Access to the service

The practice was open on Monday to Friday between 9am to 6:30pm except for Thursday when it closed at 1pm. Phone lines were answered from 9am and appointment times were as follows:

- Monday 9:30am to 1:45pm and 3:30pm to 5:40pm
- Tuesday 9:30am to 12:10pm and 4:30pm to 7:15pm
- Wednesday 9:30am to 12:15pm and 3pm to 5:10pm
- Thursday 9:30am to 12:15pm
- Friday 9:30am to 12:15pm and 3:30pm to 5:40pm

The locally agreed out of hour provider covered calls made to the practice whilst the practice was closed.

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

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

- 78% of patients were satisfied with the practice's opening hours which was the same as the CCG and similar to the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% national average of 73%.
- 75% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment which was the same as the CCG average and similar to the national average of 76%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients described their experience of making an appointment as good compared with the CCG average of 84% and the national average of 73%.
- 41% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

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

The practice had a system to assess:

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

Reception staff would inform the GP when a home visit request was received, the GP would then contact the patient to assess the need for a home visit and arrange a time to visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice and learning was shared with appropriate members of staff.
- We saw that information was available to help patients understand the complaints system. There was a complaints leaflet, a complaints poster and information was displayed in the practice leaflet and on the practice website.

The practice received one verbal and one written complaint since their last inspection in November 2016. We found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we viewed a complaint about a patient who was not booked a longer appointment for two procedures and as a result had to wait a longer time to be seen. We saw that the patient received an apology and explanation and this was discussed in a practice meeting where it was agreed what conditions needed a double appointment and staff were trained on appropriate ways to ask patients what they wanted an appointment for.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing well-led services as there was no organisational structure and there was a lack of clarity around in who led in key areas such as infection control and there was incomplete policies and protocols.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 13 June 2017. The practice is now rated as good for being well-led.

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 clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities as well as the roles of their colleagues. GPs and nurses had lead roles in key areas such as long term conditions.
- Practice specific policies were implemented and were available to all staff on the practices computer system. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had a practice risk assessment, a fire risk assessment and an infection control audit.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints; these were standing agenda items.

Leadership and culture

On the day of inspection the GPs and manager told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and managers were approachable and always took the time to listen to all members of staff.

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- We saw that the practice held regular team meetings.
- 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. We noted team away days were held every 12 months. Minutes were comprehensive and were available for practice staff to view, emails containing minutes of meetings were sent to staff members who were unable to attend.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of the PPG the practice purchased more chairs for the patient waiting area and provided books and magazines for patients to read whilst they were waiting for their appointment.
- the NHS Friends and Family test, complaints and compliments received

- staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and as a result of suggestions from reception staff members a reception handbook folder was designed, which contained all the documents or forms that would be needed in order to carry out reception duties and the practice invested in a recycling bin.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area and was undergoing an extensive renovation to the premises as a result of a successful business case to improve services for patients.