

Elm Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Requires improvement	
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 Elm Practice on 19 January 2016. 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 but significant events were not being recorded as soon as they occurred and action plans were not always implemented following significant events.
- Risks to patients were assessed and well managed with the exception of those relating to fire safety and infection control.
- We saw two completed clinical audits driving improvement, however, we did not see evidence of a recent infection control audit.
- Information about services was available but not everybody would be able to understand or access it due to the diverse ethnic mix of the practice and the amount of patients requiring interpreters.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Provide practice information in appropriate languages and formats and ensure information about interpreter services is clearly displayed.
- Ensure they carry out internal infection control audits in line with national guidance.
- Ensure fire safety is carried out in line with fire safety policy.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, they were not always documented in a timely manner and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, those relating to fire safety and infection control.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to CCG average and higher than national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Two completed clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

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.
- 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.
- Feedback from patients highlighted issues with accessing convenient appointments. The patient survey published in July 2015 showed patients were not satisfied with opening hours. However, the practice had addressed this and the most recent published results showed there had been an improvement in patient satisfaction scores from 69% to 74%.
- Patients could not get written information in different languages at the practice despite having a mixed and diverse population. The practice did however, have a Google translate button on their website but not everyone would be able to access it online.

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 proactively sought feedback from staff and patients, although this was not always acted on for example, access to convenient appointments. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits for frail housebound patients.
- The practice held a register for frail housebound patients and care plans were in place to ensure these patients received coordinated care and support.
- The practice offered a telephone prescription request service for older housebound patients and liaised with the pharmacists to provide them with medication compliance aids.
- The practice undertook dementia assessments for older people.

Good



People with long term conditions

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

- The practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF data shows 100% of patients with atrial fibrillation were treated with anticoagulation drug therapy.
- Home visits were available when needed and they offered 'Time to talk' extended 30 minute appointments for those with multiple long term conditions and cancer.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The provider is rated as good for families, children and young people.

- Appointments were available in the evening outside of school hours.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 75% compared to a national average of 81%.
- The practice offered a family welfare advocacy weekly clinic at the practice.
- The practice offered sexual health screening and HIV testing for young people with the practice nurse. They also offered family planning services, travel and lifestyle advice.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The provider was rated as good for people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and offered them longer appointments. They identified 14 patients on the learning disability register who had been given a review.
- There was a dedicated local surgery that could facilitate homeless patients and the practice would signpost homeless patients to them.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They had been trained on domestic violence and

Good



Summary of findings

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 is rated good for people experiencing poor mental health (including people with dementia)

- 100% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The practice identified 44 patients on the mental health register. There was joint working with the primary care psychotherapist, community mental health nurse and primary liaison psychiatrist who attended regular MDT meetings and conducted joint home visits. GPs attended mental health workshops and worked closely with MIND.
- They provided an enhanced service for specific patients with poor mental health, stepping down from secondary into primary care and offered them reviews and annual physical health checks.
- The practice carried out advance care planning for patients with dementia. They had a dementia advisor linked to the practice to offer further care and support to dementia patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 376 survey forms were distributed and 103 were returned. This represented 3.4% of the practice patient list.

- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 84%).
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards. The majority of the feedback was positive about the standard of care received. However, four of the comment cards highlighted issues with shortage of both booked and emergency appointments. Four comments highlighted mixed views regarding staff attitude.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, they also told us that they felt they had to wait for appointments and found it difficult to get an appointment with a doctor of their choice.

Elm Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a CQC inspection manager and an Expert by Experience.

Background to Elm Practice

Elm Practice is located in Hackney, London and holds a General Medical Services contract. The practice is registered with the Care Quality Commission to provide diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is located on the ground floor in a purpose built health centre managed by the local hospital which houses two other GP practices and community health services. The practice is staffed by one fulltime GP partner who works seven sessions a week and two part time salaried GPs, two female and one male who work five and a half sessions and one session a week respectively. The practice also employs a full time practice manager, a part time practice nurse who works three days a week and four receptionists. A newly appointed reception apprentice works four days a week.

The practice is open between 9.00am and 6.30pm on Monday, Tuesday, Wednesday and Friday and 9.00am and 1.00pm on Thursday. Morning appointments are available between 9.00am and 1.00pm and afternoon appointments between 2.00pm and 6.30pm daily. Between 6.30pm and 8.00am Monday to Friday, the answerphone redirects

patients to the Out of Hours provider and between 8.00am and 9.00am Monday to Friday, patient calls are redirected to the GP by the out of hours provider. Extended hours surgery are offered on Monday from 6.30pm – 8.00pm.

The practice has a list size of 3060 patients and provides a wide range of services including screening, clinics for child health and development and in house phlebotomy. They also provide public health services including immunisations, flu and travel vaccinations and annual reviews. The practice also provides weekly diabetic clinics with the hospital diabetic nurse, weekly clinics run by a family welfare worker and clinics every quarter run by a community heart failure nurse.

The practice is located in an area with a large working age population and children and families. Approximately 60% of the practice are in paid work or full time education.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

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 19 January 2016. During our visit we:

- Spoke with a range of staff including three GP's, practice manager, practice nurse and two reception staff.
- Spoke with two patients who use the service and three members of the Patient Participation Group (PPG).
- Observed staff interactions with patients in the reception area and observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed the provider's policies and a range of records including staff recruitment and training files, significant events log, medicines records and clinical audits.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

We found the system in place for reporting and recording significant events required improvement.

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However, we had no confidence that the practice was recording their significant events when they occurred. For example:

- Two recent significant events classified as pending had not been documented on the computer system immediately after they occurred. We found that at least five days had lapsed since the incidents occurred but nothing had been documented in their significant events log. The practice told us that this was due to the affected members of staff not being available since the events occurred.

The practice carried out an analysis of the significant events but we found action plans were not always implemented. For example:

- We found agreed changes had not been actioned after a significant event. For example, an insulin needle sharps box was noticed by a member of staff on top of a filing cabinet in the health centre's waiting area. The box was not closed and there were no identifiable details. Following this, the practice told us that they had implemented a new policy to ensure patients who used needles regularly returned their sharps boxes to the diabetic clinic or local pharmacy. However, we did not see evidence that this incident had been shared with staff or that patients were made aware of this policy. We saw that the practice had implemented a safe disposal of sharps policy intended for their new diabetic patients but there was no other evidence to show that existing patients who injected on a regular basis were aware of this policy. There were no posters displayed in the practice to notify patients of this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff knew how to recognise signs of abuse in adults and children. GPs were trained to Safeguarding Level 3 and the practice nurse was trained to Safeguarding Adults Level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role by the Practice Nurse and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. However, the last infection control audit was completed on 17 June 2014 by the Primary care IPC team and there was no evidence of more recent annual audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- 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.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The staff had all received fire safety training and there were two designated fire marshals in the practice with one always on duty. Although the practice told us that they undertook weekly fire alarm tests, the weekly fire alarm test records were incomplete. The last recorded fire alarm test was on 24/12/15 and there were some gaps in the record. The practice told us that the last fire drill was in 2014 due to the owners of the building not having had a fire officer until recently when one was appointed. However, we did not see any risk assessment to address this.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We found the practice's disabled toilet pull cord too high and inaccessible in the event of an emergency.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups and the reception staff worked together to ensure the reception desk was covered at all times. However, we found the practice did not arrange nurse cover in the absence of the nurse. The practice told us that any urgent matters including wound dressing changes would be re-directed to the Homerton Walk-in centre.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a functional 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. For example, recent practice meeting minutes showed the new cancer guidance from NICE was discussed and handouts distributed to all clinicians.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 4% exception reporting. (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 2014/2015 showed;

- Performance for diabetes related indicators for foot examinations was 97% which was above the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was above the national average of 83%.
- Percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which was above the national average of 84%.

- Percentage of antibiotic items prescribed that are Cephalosohporins and Quinolones was 10%, higher than the national average of 6%. The practice felt that this was as a result of clinicians over prescribing these antibiotics for diarrhoeal illnesses.
- There had been joint meetings between the CCG pharmacists and the clinicians and they agreed to follow up prescribing and ensure antibiotics were only prescribed if clinically indicated and after discussion with the hospital. The latest prescribing report showed in August 2015 the practice had improved their performance on antibiotic prescribing and had achieved a percentage of 12% which was within the CCG target of 13%.

Clinical audits demonstrated quality improvement.

- We saw five clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a cancer audit was carried out for the practice by the The Royal College of GPs in 2015 to look at patients who had possible avoidable delays either by being referred routinely or through the two week wait. The audit showed that out of 10 patients reviewed, five were reviewed through the two week referral pathway. The practice implemented a two week safety netting protocol and a designated staff member was assigned to ensure the dispatch of all two week referrals within 24 hours of the patient consultation.

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. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had

Are services effective?

(for example, treatment is effective)

received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, the nurse attended locality meetings and had access to online resources and immunisation updates.

- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. For example, the reception team apart from the apprentice had received in house chaperone training provided by the practice nurse and induction training by the practice manager.

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, their intranet and an integrated pathology and discharge summaries system linked to the local acute hospital.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care

plans were routinely reviewed and updated. For example, they held monthly MDT meetings attended by a range of health and social care professionals including the primary care psychotherapist and health visitors. They also ensured the needs and services provided to patients were kept under regular review and care plans were implemented for them.

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 records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, alcohol, family planning and sexual health.
- Smoking cessation advice was available from a local support group. The GP Federation set up hubs which were open at the weekend to support patients requiring advice on their smoking.
- The practice nurse sometimes delivered teaching on healthy lifestyles for ethnic minority patient groups. She was part of a community organisation set up to improve ethnic minority communities health literacy in Type two diabetes, inform lifestyle and promote behavioural change.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for

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

patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by offering opportunistic screening to women who had missed their booked appointments. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and there were protocols in place.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 87% and five year olds from 73% to 87%.

Flu vaccination rates for the over 65s were 66% and at risk groups 48%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for 16 year olds and people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. However, we found due to the large number of staff at the reception desk, people had to speak loudly and conversations could be overheard although we noted the staff were discrete.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced and highlighted that staff were helpful, caring and treated them with respect. Eight of the comment cards we received highlighted issues with appointment booking system efficiency and some staff attitude concerns. We spoke to two patients who said they were happy with the care they received and thought staff were approachable, committed and caring.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They were happy that doctors would phone patients if test results were abnormal and they felt involved in their care. One member found the reception staff attitude could be improved.

Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% said the GP was good at listening to them compared to the CCG average of 86% and national average of 88%.

- 95% said the GP gave them enough time (CCG average 83%, national average 86%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 87%, national average 86%).

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. The majority of the patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in July 2015 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:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 84%).

Staff told us that translation services were available for patients who did not have English as a first language although we did not see notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations for example, respite care, dementia carers support and mother and baby support groups.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 carers registered with the practice. The practice would encourage carers to contact social services themselves for advice and

assessment. Written information was available to direct carers to the various avenues of support available to them and the practice would forward carer details to the carers centre for further support and advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. For example, the practice would signpost patients aged between 18-50 years to their local hospice for support.

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, Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice were part of a duty doctor service that enabled members of the MDT team, secondary care and ambulance service to access and discuss urgent patient calls with the on duty GP using a bypass mobile phone number. This service was available from Monday to Friday 8.00am to 6.30pm. Staff received training for this service as part of their induction and were also allowed protected time to receive further training with the GP federation.

- The practice held registers for patients who had complex needs, long term conditions and at risk of A&E admissions. They used an admissions avoidance tool for patients at risk of admissions.
- The practice held registers for patients who were receiving palliative care. They offered 'Time to talk' appointments for those with cancer and multiple long term conditions. These were extended appointments lasting 30 minutes where patients had the opportunity to talk about their diagnosis and discuss ongoing care. They were always discussed in MDT meetings and referred to the palliative care team.
- The practice also had a Family Action welfare worker who ran a weekly clinic to offer advice and provide practical support to patients.
- There were longer appointments available for patients with a learning disability.
- The practice offered sexual health screening and HIV testing for young people with the practice nurse. They also offered family planning services, travel and lifestyle advice.
- Home visits were available for vulnerable patients who would benefit from these and were offered to frail, housebound patients. We identified 14 patients on the frail home visits list and we looked at two completed care plans. These patients could request prescriptions over the telephone and the practice offered phlebotomy at home carried out by the district nurse team, podiatry referrals and optician referrals for housebound patients.

- Same day appointments were available for children and those with serious medical conditions. The health visitors and midwives conducted weekly clinics and there was good communication between the practice and them as they were based in the same building. They offered antenatal and postnatal checks and childhood immunisations were conducted by the practice nurse.
- The practice undertook dementia assessments and referred to the dementia team. There was a dementia advisor linked to the practice to offer further care and support.
- They provided an enhanced service for specific patients with poor mental health, stepping down from secondary into primary care. This involved a primary care liaison worker seeing these patients for reviews and physical health checks.
- The practice had full access to Language Line, and there was a Google translate button on their website. However, this information was not clearly displayed within the practice.
- There were disabled facilities available such as a hearing loop and they used British Sign Language (BSL) interpreter for patients with hearing impairments. There was an accessible disabled toilet although we found the emergency pull cord was too high. There was also a ramp for ground floor access for wheelchair users, grab rails both indoors and outdoors and a well-lit walkway outside.

Access to the service

The practice was open between 9.00am and 6.30pm on Monday, Tuesday, Wednesday and Friday. Appointments were from 9.00am to 1.00pm daily and 2.00pm to 6.30pm. On Thursday the practice was open between 9.00am and 1.00pm. The practice told us that the answerphone directed patients to their Out of Hours Provider between 6.30pm and 9.00pm however, when we looked at the out of hours leaflet, the stated times were between 6.30pm and 8.00am. Extended surgery hours were offered at Mondays between 6.30pm and 8.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, walk in appointments were available from 2.00pm.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published on 2 July 2015 showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 74%.
- 83% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

We found due to building constraints, the practice was unable to provide earlier opening hours however, the practice had taken steps to improve access by offering extended evening hours, increasing the number of daytime appointments and recruiting more GPs. The latest survey results showed improvement in the GP patient survey satisfaction scores. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 83% of patients said they were able to get an appointment the last time they tried CCG average 83%, national average 85%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example, we found a poster displayed in the waiting area which included the process of making a complaint and a complaint form.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. For example, a complaint was received regarding a patient's difficulty in accessing an emergency appointment over the telephone, resulting in them receiving delayed treatment several days later. Lessons were learnt, an apology was given and action was taken as a result to improve the quality of care. For example, they ensured prompt call backs by the on duty doctor wherever possible who would then assess the emergency and advise the patient on the best treatment.

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 was displayed in the waiting areas but not all staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- An understanding of the performance of the practice was maintained.

However, a robust programme of continuous clinical and internal audit was required to monitor quality and to make improvements. Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as fire safety needed to be robust.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

- They kept written records of verbal interactions as well as written correspondence although we found there were delayed recordings of such incidents.

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

- Staff told us 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG feedback to the practice that the notice board in the waiting area was too cluttered. The practice then introduced the poster pack containing different patient information which was placed in the waiting room and also introduced two poster racks for leaflets outside the consultation rooms.
- The PPG also raised issues regarding access to appointments and the practice responded by saying staff would continue to promote telephone consultations to improve access.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Good 

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

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. For example, the practice nurse was in the board of trustees of a

community organisation set up to tackle differences in the health status of ethnic minority communities. This organisation offered peer support and group learning programmes which delivered teaching about healthy lifestyles in diabetes patient groups.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider failed to record significant events in a timely way. Significant events were not reviewed thoroughly and monitored to make sure action was taken to remedy the situation, prevent further occurrences and ensure improvements were made as a result. There was no evidence to show that information was shared with staff to promote learning. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014