

# St Albans Surgery

## Quality Report

Urswick Road, Dagenham, Essex, RM9 6EA  
Tel: 02089844464  
Website: [www.stalbanssurgery.co.uk](http://www.stalbanssurgery.co.uk)

Date of inspection visit: 15 June 2017  
Date of publication: 27/07/2017

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?

Requires improvement 

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	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to St Albans Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Albans Surgery on 15 June 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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 were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- 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 did not always find it easy to make an appointment, although there was continuity of care, with urgent appointments available the same day. Patient satisfaction with access to the service in both national and practice surveys was low.
- 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.

The areas where the provider should make improvement are:

- Monitor and continue to take action to improve patient satisfaction with access to the service, as demonstrated in the national GP patient survey.
- Review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.

# Summary of findings

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- 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.
- The practice monitored trends in significant events and evaluated any action taken through their clinical meetings.
- 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.
- 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.

Good



### 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 local 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

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 comparably others for several aspects of care.

Good



# Summary of findings

- 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.

## Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients we spoke with said they did not always find it easy to make an appointment, although there was continuity of care, with urgent appointments available the same day.
- Patient satisfaction with access to the service in both national and practice surveys was low.
- 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.
- 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.

Requires improvement



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had 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.

Good



# Summary of findings

- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice 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 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 sent a letter to every patient over the age of 85 to offer an appointment and an information leaflet about a confidential helpline for older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and below national averages. For example the percentage of patients who had well controlled blood sugar was 68% compared to the CCG average of 67% and the national average of 78%.
- 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.

Good



# Summary of findings

- 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 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 relatively high 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.
- 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.

Good



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

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

- The needs of 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 and Saturday appointments.
- 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



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers 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 for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. It had carried out annual health checks for 28 of the 45 patients on the learning disability register.
- 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.

Good



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

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

- The practice carried out advance care planning for patients living with dementia.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review was 79%, which was comparable to the CCG average of 85% and the national average of 84%.
- Performance for some mental health related indicators was below the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record was 76% compared to the CCG average of 90% and the national average of 93%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.

Good



# Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 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 on 7 July 2016. The results showed the practice was performing below local and national averages in some areas. Three hundred and twenty one survey forms were distributed and 105 were returned. This represented 1.3% of the practice's patient list.

- 67% of patients described the overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 77% and the national average of 85%.
- 45% of patients described their experience of making an appointment as good compared with the CCG average of 55% and the national average of 65%.
- 51% 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 65% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards, of which 37 were positive about the standard of care received, 13 were mixed and four were negative. All but one of the comments about the staff at the practice were positive. Of the 13 mixed responses, 12 reported problems accessing the service but were otherwise positive about the standard of care. The four negative responses all cited difficulties accessing the service.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# St Albans Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to St Albans Surgery

St Albans Surgery is a medium sized practice based in Dagenham, east London. The practice list size is 8056. The practice population is diverse and is in an area in London of high deprivation. Compared to an average GP practice in England, there is a higher than average percentage of patients in employment or full time education and a higher than average percentage of patients under the age of 24.

The practice has a Personal Medical Services (PMS) contract and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination, extended hours access, dementia diagnosis and support, flu and pneumococcal immunisation, learning disabilities, rotavirus and shingles immunisation, and unplanned admissions.

The practice operates from two locations; the main practice is in Urswick health Centre on Urswick Road, with a branch on Maplestead Road. Both locations are purpose built premises and are wheelchair accessible, there are facilities for wheelchair users including accessible toilets. The practice has installed hearing loops at each location.

The main practice at Urswick Medical Centre has access to six consultation rooms and two treatment rooms on the

ground floor. The Maplestead Road branch has access to four consultation rooms on the ground floor. Opening hours are between 8.30am and 6.30pm on weekdays, except Thursday when both branches close at 1.30pm.

The staff team comprises one GP partner and eight salaried GPs, of which three are female and five male. The GPs provide 38 clinical sessions per week. There are four female practice nurses. Non clinical staff include a practice manager, two deputy managers, a medical secretary and 11 administrator / receptionists.

When the practice is closed patients are automatically directed from the practice telephone to the NHS 111 service. This information is also available on their website and in their practice leaflet.

The practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder or injury, maternity and midwifery services and family planning.

## Why we carried out this inspection

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

# 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 15 June 2017. During our visit we:

- Spoke with a range of staff including the practice GP provider, salaried GPs, practice nurses, practice management, administrative and reception staff. 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 a 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.
- Visited all practice locations.
- 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 living with dementia).

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

# Are services safe?

## Our findings

### 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 and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of six 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.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a case of mistaken identity led to a diagnosis being entered into the incorrect patient's notes. The error was discovered at a routine appointment and identified as a significant event. The patient, who was unaware, was promptly contacted with an explanation and apology. The practice changed its procedure for entering a significant diagnosis, such as cancer, on the clinical records. A second person would check that the diagnosis was entered correctly and an automated reminder to check the name and date of birth was added to the clinical system.
- The practice monitored trends in significant events and evaluated any action taken through their clinical meetings.

### Overview of safety systems and processes

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. 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. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses to level two and all staff to at least level one. A member of the reception staff told us that she had identified a concern with a patient and raised this with the clinical team and safeguarding lead, who followed up in line with the practice safeguarding policy.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection 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).

## Are services safe?

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a 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. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

We reviewed five 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.

### 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.
- 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 the computers in all the consultation and treatment rooms which alerted staff to any emergency.
  - All staff received annual basic life support training and there were emergency medicines available in the treatment room.
  - The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book 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 building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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, which were integrated with the practice's clinical recording system.

- 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 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 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95% with a clinical exception reporting rate of 6.7% compared to the CCG average of 9.3% and national average of 9.8%. (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 below local and national averages for some QOF clinical targets and comparable in others in the most recently published data from the year 2015/16. Unverified and unpublished data from the year 2016/17 showed some improvement:

- Performance for diabetes related indicators was below the CCG and national averages. For example the percentage of patients who had well controlled blood sugar was 68% compared to the CCG average of 67% and the national average of 78%. Unverified data from the 2016/17 QOF showed that this measure had remained at 68% however the exception reporting rate had reduced from 12% to 6%.

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification in the last 12 months was 93% compared to the CCG average of 87% and the national average of 88%. The exception reporting rate for this measure was 2% compared to the CCG average of 6% and the national average of 8%.
- Performance for mental health related indicators was below the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record was 76% compared to the CCG average of 90% and the national average of 93%. The exception reporting rate for this measure was 2.3% compared to the CCG average of 5% and the national average of 13%. Unverified data from the 2016/17 QOF showed that this measure had increased to 78% with no change to the exception reporting rate.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review was 79% compared with a CCG average of 85% and the national average of 84%. The exception reporting rate for this measure was 15% compared to the CCG average of 6% and the national average of 9%.
- 67% of patients with asthma on the register had an annual review, compared to the CCG average of 74% and the national average of 76%. The exception reporting rate for this measure was 1% compared to the CCG average of 3% and the national average of 8%.

The practice was aware that its performance in some QOF clinical areas was below local and national averages and had taken steps to reach more of these patients in order to improve performance and patient outcomes. They had introduced a monthly management meeting to monitor progress against QOF targets, attended by GPs, nurse and the practice manager.

In respect of diabetic patients the practice told us that high prevalence (7.5% of the patient list compared to the national average of 6.5%) of this disease was one of their main challenges. They had recently employed a diabetic specialist nurse who was only treating patients with diabetes and chronic obstructive pulmonary disease (COPD). The practice had also participated in the National Diabetic Audit, commissioned by the Healthcare Quality Improvement Partnership. In March 2017 they were the only

# Are services effective?

## (for example, treatment is effective)

practice in the CCG locality who achieved over 50% of audited patients having received the nine National Institute of Health and Care Excellence (NICE) “key processes” of diabetes care. Information about diabetes, including a CCG “information and resource pack” was available at the practice.

There was evidence of quality improvement including clinical audit:

- There had been five 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, two reviews of 52 patients with COPD between 2016 and 2017 found that the number of patients who had had a review in the last 12 months had increased from 73% to 79% and the number of patients needing an inhaler technique check had decreased to from 19% to 12%.

### 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs 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 information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice’s patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of two 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. In one example the practice arranged for additional care and support to a patient who had been discharged from hospital while her carer was away.

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 regularly met with the local palliative care coordinator to ensure 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. The practice had sent a letter to every patient over the age of 85 to offer an appointment and an information leaflet about a confidential helpline for older people.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

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

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice offered nurse led clinics for chronic obstructive pulmonary disease (COPD), asthma, smoking cessation and family planning.
- External services available on the premises included monthly visits from the local health advocate and community midwifery team.

The practice's uptake for the cervical screening programme was 74%, which was comparable with the CCG average of 79% and the national average of 81%. The exception reporting rate for this measure was 1.8% compared to the CCG average of 8% and the national average of 7%

(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). There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice had written to individual patients who had not recently attended, and obtained 110 additional samples as a result of this. 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 84% to 96% and five year olds from 78% to 89%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer, and the uptake for these programmes was in line with local averages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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 but one of the 50 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 including three members of the patient participation group (PPG). 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 generally in line with average for its satisfaction scores on consultations with GPs and nurses. For example:

- 72% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 81%; national average of 89%).
- 73% said the GP gave them enough time (CCG average 78%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 92%).
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).

- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).
- 79% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

The practice was aware that patient satisfaction with GP staff was lower than local and national averages. They told us that at the time of the survey the former partner at the practice had retired and they were employing locum GPs to provide cover while full time staff were appointed. In the 12 months prior to the inspection the practice had employed one locum as a salaried GP and two other locums on a long term basis to help provide consistency of care for patients.

### 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 and followed national institute of clinical excellence (NICE) guidelines.

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 generally in line with local averages but below national averages. For example:

- 75% said the last GP they saw was good at explaining tests and treatments (CCG average 78%, national average 86%).
- 69% said the last GP they saw was good at involving them in decisions about their care (CCG average 73%, national average 82%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 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.

## Are services caring?

We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book 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 46 patients as carers (less than 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, including annual health checks and referral to local carers support groups. A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours access for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. It had carried out annual health checks for 28 of the 45 patients on the learning disability register since April 2016.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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/ were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Homeless patients had been able to register with the practice.
- The practice had recently purchased a wheelchair to assist older and frail patients move around the building.
- Leaflets about NHS health checks was available in braille in the reception area.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and 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.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday, except Thursday when it closed at 1.30pm. Appointments were from 9.00am to 12.00pm and from 4.30pm to 6.30pm daily, except Thursday when the practice closed at 1.30pm. Extended hours appointments were offered between 6.30pm and 8.00pm on three of every four Tuesdays, between 9.00am and 12.00pm on one in four Saturdays. In addition to pre-bookable appointments that could be booked up to six 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 below local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 45% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 70% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 74% and the national average of 85%.
- 79% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 92%.
- 45% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 40% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Patients told us on the day of the inspection that they were not always able to get appointments when they needed them.

The practice was aware that patient satisfaction with access to the service was below average. They had purchased a new telephone system in June 2017 to allow for more lines and more staff to answer calls, as well as an automated system to direct patients to the appropriate staff team. They had also begun to offer more telephone consultations with GPs, were encouraging uptake of online

# Are services responsive to people's needs?

(for example, to feedback?)

booking for appointments and had agreed to take part in a local pilot scheme offering video consultations with patients. The practice had decided to extend its opening hours on a Thursday but this was not yet in place. It was not clear at the time of the inspection if these changes had led to an improvement in patient satisfaction with access to appointments.

The practice had a system to assess:

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

Requests for home visits were followed up by a GP telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.
- 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. This was available at the practice reception and was contained in their practice leaflet and on their website.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and with transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint about reception staff refusing an urgent appointment to a walk-in patient, the provider held an all staff meeting to discuss good practice in observing and listening to patients in the waiting room. The practice routinely responded to comments and complaints submitted to the NHS choices website.

# 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 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. GPs and nurses had lead roles in key areas, including safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff. 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. They had introduced a monthly management meeting to monitor progress against QOF targets, attended by GPs, nurse and the practice manager.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we 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.
- 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 and supported in doing so. We noted team away days were held every six months. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partner 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. One staff member told us she had been supported to develop an automated search on the clinical system to identify patients eligible for the NHS health check.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought 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, the PPG had taken a lead with encouraging patients to attend appointments and to cancel if they could not attend. This included publishing data on their website and in the practice waiting room, flagging patients on the clinical system who repeatedly failed to attend, and displaying further information about the impact on the service on the practice television screens in the waiting area.
- The PPG told us that the practice partner was personally closely involved with the group and took a lead in engaging with patients to improve the service.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through 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, for example the nursing team had suggested that the recall system for patients diagnosed with diabetes was managed across both sites together, rather than relying on separate staff teams, and the practice implemented this.