

# The Lawson Practice

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Lawson Practice on 21 August 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.
- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and the option to use a new online service (WebGP), to communicate with a GP.
- 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.
  - Staff were aware of current evidence based guidance, although did not use an assistant when fitting intra-uterine contraceptive devices (IUCDs).
- The practice had lower than average rates for breast, bowel and cervical cancer screening uptake but were taking action to address this.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment, although we found that the practice had a higher than average inadequate rate for cervical smear taking and were taking action to address this.
- The practice had a quality improvement programme although most audits were one cycle.
- The practice provided three clinics a week with an in-house Turkish or Kurdish speaking interpreter / advocate.

# Summary of findings

The areas where the provider should make improvement are:

- Review the programme of clinical audits to develop continuous cycle audits with improvement after each cycle.
- Review the training needs of staff who undertake cervical cancer screening.
- Review the low screening uptake for breast, bowel and cervical cancer and how targeting of patients can be improved.
- Review the need for an assistant to be present when fitting IUCDs.

**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. 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 at or above average compared to the national average with the exception of screening rates for breast, bowel and cervical cancer. However the practice was taking action to address this.
- Staff were aware of current evidence based guidance, although they did not use an assistant when fitting intra-uterine contraceptive devices (IUCDs) in line with the Faculty of Sexual and Reproductive Healthcare Clinical Guidance for Intrauterine Contraception. Clinical audits demonstrated quality improvement, although most were one cycle.
- Staff had the skills and knowledge to deliver effective care and treatment, although we found that the practice had identified a slightly higher than average inadequate rate for cervical smear taking and were taking action to address this.
- 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



# Summary of findings

## 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.
- 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.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example by providing three clinics per week specifically for Turkish patients, with the support of an in-house interpreter.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and the option of consulting a GP online.
- 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 five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



# Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In five 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.
- All patients have a named GP.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the multi-disciplinary team (practice staff, community nurses, psychiatry, clinical pharmacist).
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example information about diet, well-being, long term conditions.

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.
- The practice was comparable to other practices in relation to their diabetes indicators.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



# Summary of findings

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. For example with follow up home visits and close liaison with midwives and health visitors.

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. They also provided Saturday appointments for a travel health service at one of their other practices.
- 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.
- 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 practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, a named doctor, regular liaison meetings with psychiatry and psychological services with clinics held at the surgery to facilitate close working, a depression register with bi-annual reviews and 78% of patients with severe mental health problems received an annual physical health check in the last QOF year.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice was comparable to other practices across all of their mental health indicators.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



# Summary of findings

- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Three hundred and ninety two survey forms were distributed and 85 were returned. This represented 1% of the practice's patient list.

- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were all positive about the standard of care received. Patients felt the doctors understood their needs and did their best to support them. They said they could easily get an appointment and that staff were professional and efficient.

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

The practice had 3208 responses to their friends and families test between 19/08/2016 and 18/08/2017 and over 90% would recommend the practice.

# The Lawson 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 and a practice nurse specialist adviser.

## Background to The Lawson Practice

The Lawson Practice operates from purpose built premises at St Leonards, 85 Nuttall Street, London N1 5HZ. The practice has level access from the road to the ground floor entrance and a lift to the first floor. There are good bus and rail links close to the practice and some parking spaces for disabled people. It has a spacious ground floor waiting room which is split into two areas either side of the main reception desk. There is a glassed area where children can play, a small room / pod which patients could use independently to check their weight, height and blood pressure.

The practice provided NHS primary medical services through a General Medical Services (GMS) contract to approximately 13,500 patients in Shoreditch, north-east London. The practice is part of the NHS City and Hackney Clinical Commissioning Group (CCG) which is made up of 43 general practices. The practice is part of a GP federation within the CCG. The federation offices are above the practice.

The practice has no branch surgeries but run two other practices in the CCG. It has a high proportion of patients who are non-English speaking or whose first language is

not English and a higher than average younger population but a lower than average older population. The practice is in an area with a high deprivation weighting. The Indices of Multiple Deprivation score is two.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

The clinical staff at the practice was made up of 16 GPs overall (six were partners). There were two male GPs, a full time nurse practitioner and three health care assistants and a clinical pharmacist. There were vacancies for one nurse and a pharmacy technician. Two GPs were on maternity leave.

It is a teaching and training practice and at the time of the inspection there were three GP registrars (trainee GPs) working there. In addition, there was a practice manager and an administrative team of 16.

The practice reception and surgery opening hours were:

Monday : Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 8.00pm

Tuesday: Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 6.30pm

Wednesday: Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 8.00pm

Thursday: Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 7.00pm

Friday: Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 6.30pm

Saturday and Sunday: Closed

Extended appointments can be made on any day when the practice is open.

# Detailed findings

If the practice is closed there is a number patients can call to obtain the Out of Hours service contact details. This is also on the practice website.

The practice was previously inspected in February 2015. All domains were rated as good and this inspection was to ensure that the practice were maintaining standards.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example the NHS England and the NHS City and Hackney Clinical Commissioning Group (CCG), to share what they knew.

We carried out an announced visit on 21 August 2017. During our visit we:

- Spoke with a range of staff (including GPs, managers, receptionists, nurses and administrative staff) and 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.
- 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 five 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 a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was an incorrect recall letter sent to a patient regarding their implant. The recall letter for implants was revised to avoid recurrence.
- The practice also monitored trends in significant events and evaluated any action taken.

### 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.

- 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 and nurses level two. Non-clinical staff were trained to child safeguarding level one.
- 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).

- 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 their Clinical Pharmacist, 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. One of the nurses had recently qualified as an Independent Prescriber and would therefore be able to prescribe medicines for clinical conditions within their expertise.

## Are services safe?

They received mentorship and support from the medical staff for this extended role. 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.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

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.
- 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 was on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on 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.

- 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.

Although staff followed guidelines to deliver care, we found they did not use an assistant when fitting intra-uterine contraceptive devices (IUCDs), in line with the Faculty of Sexual and Reproductive Healthcare Clinical Guidance for Intrauterine Contraception.

### 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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The practice had a higher than average overall exception rate (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). For the practice this was 8%, the CCG average was 5% and the national average 6%.

The overall exception rates for osteoporosis and cervical screening were significantly higher than the CCG or national averages, although many were significantly lower. For example, asthma, heart failure, cancer, chronic obstructive pulmonary disease.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients whose last measured total cholesterol (measured in the preceding 12 months) is 5mmol/l or less was: the practice 84%, the CCG 85% and national average 80%
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed plan in the record, in the preceding 12 months was: the practice 93%, the CCG 89% and national average 89%.

There was evidence of quality improvement including clinical audit:

- There had been 18 clinical audits commenced in the last twelve months, two of these were completed audits where the improvements made were implemented and monitored. Most were one cycle but had only been completed in the last six months.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the prescribing of a narrower spectrum of antibiotics as first line as advised by NICE and Public Health England. When prescribing a drug which may be used to treat or prevent abnormal or unexpected bleeding from the uterus, GPs were encouraged to increase their counselling of women regarding their risk of venous thromboembolism (the formation of blood clots in the vein).

Information about patients' outcomes was used to make improvements. For example, at the GP medication review for patients with a learning disability taking antipsychotic medication, assessment of the frequency of challenging behaviour, the continuing need for antipsychotic medication, and ability of patient to consent to medication or any side effects that the patient may be experiencing was reviewed and improved as necessary.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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, although we found that the practice had a higher than average inadequate rate for cervical smear taking they were taking action to address this and reviewing training needs.
- 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 three documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through 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, smoking and alcohol cessation.
- Patients could be referred to a dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 95%, which was comparable with the CCG average of

# Are services effective?

(for example, treatment is effective)

79% and the national average of 81%. However this was achieved by a higher level of exception reporting when compared to the CCG and national average (practice 21%, CCG 8% and the national average 6.5%). This was because patients did not respond to their invitations letters in the previous twelve months.

The practice was an outlier in terms of breast, bowel or cervical cancer screening but was aware of this and was considering whether a review of the current invitation letter to patients could help improve screening rates. The practice told us that the letters sent to patients were written in English which may be a barrier for patients whose first language is not English to understanding the need for the appointment and why it is being offered. The practice was going to try and improve the uptake of the screening programme by using information in different languages.

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 93% to 95% and five year olds from 91% to 94%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. For those with a learning disability they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 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.

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 of the 10 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 2 patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One patient told us they felt privacy could be improved at reception and the practice told us they would review this. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

The practice also told us they send birthday cards to all of their patients over the age of 75 years.

Results from the national GP patient survey 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:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 94% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, feedback from the local psychotherapy team told us the practice worked extremely hard and cared deeply about their patients and they met monthly to discuss complex cases. A Social Prescriber from a local service said they received many referrals, all appropriate, seeing people from diverse communities and that the practice treat everyone equitably and professionally.

### 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

## Are services caring?

- 84% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. 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 232 patients as carers (approximately 2% of the practice list). All new patients were asked if they were a carer. All care plans include carer details. Written information was available to direct carers to the various avenues of support available to them. All carers are offered a flu vaccine. Older carers were offered timely and appropriate support. For example, a carer of someone with dementia was recently supported by a GP to obtain more respite care.

Staff told us that if families had experienced bereavement, their usual GP contacted them. Depending on the circumstances or patient needs, 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, providing ongoing support themselves and / or they could make a referral to the primary care psychology team or access support from the local hospice.

# 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 on a Monday and Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice offered double or triple appointment times where necessary.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A range of consultation options were available: face to face, telephone, WebGP online consultations and home visits.
- The practice held three clinics a week with an interpreter/advocate for Turkish patients.
- 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 required same day consultation.
- The practice sent text message reminders of appointments and test results and called patients known to have cognitive problems to remind them of their appointment.
- Text dialogue could be set up with working people to complete stage 1 asthma reviews.
- All patients who did not attend appointments were followed up.
- There was a named administrator for booking annual reviews with a direct line available to the patient.
- The practice introduced a self-monitoring pod for patients to check their own blood pressure and weight which was subsequently recorded in their notes for their GP to review.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.

- There were accessible facilities and interpretation services available. The practice manager told us that a hearing loop was being provided by the federation.
- The practice had a lift with level and wheelchair access to all consulting rooms.
- 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: Monday : Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 8.00pm, Tuesday: Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 6.30pm, Wednesday: Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 8.00pm, Thursday: Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 7.00pm and Friday: Morning - 8.00am – 1.00pm and Afternoon - 1.50pm to 6.30pm.

Appointments were mornings: 8am to 12.30pm Monday to Friday and afternoons: from 2pm except Mondays and Thursday when appointments were from 3pm due to practice meetings. Extended hours appointments were available until 6pm Tuesday and Friday and until 8pm on Monday and Wednesday and 7pm on Thursday for patients who found it difficult to attend in normal hours. Every Saturday they provided a travel medicine service at one of their other practices. In addition to pre-bookable appointments that could be booked up to six weeks in advance (with text message reminders sent the day before to help reduce non-attendance), 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 comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 71%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 88% 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 83% and the national average of 84%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

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

The practice had a system to assess:

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

The practice operated a duty doctor system from 8am to 6.30pm each day and will complete home visits after that time if the patient has called in the afternoon rather than handing over to the out of hours provider.

The duty doctor triaged the urgent requests usually by telephoning the patient or carer to gather further information to allow for an informed decision to be made on prioritisation according to clinical need. There was also emergency treatment available between 1.00pm to 1:50pm

if deemed necessary. The practice had a bypass telephone line available to any patient who felt their problem was an emergency which could not wait until the practice re-opened at 1:50pm.

### 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. For example, posters displayed and summary leaflets were available. Information was also available on the practice website.

We looked at 5 complaints received in the last 12 months and found these were satisfactorily handled, usually dealt with in a timely way, there was openness and transparency in dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, all complaints received were reviewed each week with a partner and then the wider staff team. A number of complaints received related to medication issues. The practice subsequently made changes to the way medication was reviewed and queries handled, by providing slots for the clinical pharmacist to deal with these. The practice were monitoring the improvements achieved and recruiting a pharmacy technician to further optimise these.

# 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. For example named GP partners were responsible for safeguarding children, vulnerable adults and the lead nurse for infection, prevention and 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.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, ensuring comprehensive risk assessments were completed and reviewed for areas such as health and safety or fire safety. Having a risk register which was reviewed weekly by a partner with the practice manager and where appropriate other staff and stakeholders, clear policies for managing and recording incidents and ensuring learning actions were signed completed.

- 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 five 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. Minutes were comprehensive and were available for practice staff to view.

# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Additional support was also available for all staff to help them manage any difficult situations they faced on a day to day basis.
- 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 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 chronic disease review appointment letters were described as unwelcoming and one of the PPG members offered to help re-write the letter in conjunction with a GP partner and nurse. The revised letter was implemented and

feedback positive. Also to try and engage more patients to attend PPG meetings by making meetings at times to accommodate patients, using adverts and have as a feature on the website. Consequently this increased attendance from six to thirty patients.

- the NHS Friends and Family test, complaints and compliments received
- staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the implementation of a new WebGP service providing the option of online access to a GP if the patient did not have time to visit the practice. WebGP consultations were dealt with within 48hours of their receipt.