

# Dr Makuloluwe & Dr A S Jones

## Quality Report

2a Latymer Road  
Edmonton  
N9 9PU  
Tel: 0844 499 7057  
Website: [www.latymerroadsurgery.org.uk](http://www.latymerroadsurgery.org.uk)

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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

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Requires improvement</b> 

# 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 Latymer Road Surgery on 18 November 2015.

Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Data showed patient outcomes were average for the locality. Some audits had been carried out, and we saw some evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.

- The practice had a number of policies and procedures to govern activity; however some risk assessments such as and safety checks were not carried out in accordance with the policy.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Ensure that staff receive appropriate training for their role, including chaperone and infection control training.
- Ensure clinical staff that are responsible for patients within care homes are aware of Deprivation of Liberty Safeguards (DoLS).

In addition the provider should:

- Carry out health and safety risk assessments, fire risk assessment and regular fire drills.
- Engage in multi-disciplinary palliative care meetings.

# Summary of findings

- Share knowledge of updated clinical guidance within the practice. For example NICE guidelines.
- Introduce a register to identify patients with mental health conditions.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example the practice had not undertaken a health and safety risk assessment, fire risk assessment and regular fire drills. Electrical equipment had not been tested to ensure it was safe for use.
- The practice had not adopted Patient Group Directions to allow nurses to administer medicines in line with legislation.
- Staff had not received appropriate training including chaperone, infection control and training for the use of the oxygen and defibrillator.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some clinical audits were undertaken to facilitate quality improvement.
- There was evidence of appraisals for all staff.
- Staff worked with multidisciplinary teams. However the practice did not hold meetings and work with the palliative care team.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population within the practice however; there was limited engagement with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice were aware that a CCG led needs analysis had recently been undertaken and were awaiting the results of this before undertaking their own updated needs analysis.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that 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 requires improvement for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- Although staff kept up to date individually with current guidance, this was not shared within the staff team.
- There was a documented leadership structure and staff felt supported by management. However some staff were not trained for the area of governance they were responsible for.
- The practice had a number of policies and procedures to govern activity. However the practice had not undertaken all risk assessments and equipment tests in line with these policies.
- There was a lack of understanding of some legal procedures that must be adopted for the safe running of the practice. For example the use of Patient Group Directions.

Requires improvement



# Summary of findings

- The practice did not have an appropriate system in place to provide staff training.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- All staff had received inductions and regular performance reviews. Staff attended regular staff meetings.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over 75 had a named GP.

The practice offered annual check-ups for older people, including patients up to the age of 74 with no chronic disease as an effective preventative tool.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Ninety-three percent of patients with diabetes had had an annual influenza immunisation which was higher than the national average of 52.29%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice had worked with the Patient Participation Group to deliver talks on a number of long-term conditions.

**Requires improvement**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had higher than average results for cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Requires improvement



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

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified. Appropriate services were offered for this group.
- 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.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Requires improvement





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.
- The practice had not provided training for staff on the practice chaperone list. However all staff had received a Disclosure and Barring Service (DBS) check.

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

The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

- The practice had no formal mental health register.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.
- It did not carry out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Most staff had received training on how to care for people with mental health needs.
- Not all members of the clinical staff were aware of the Deprivation of Liberty Safeguards.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 354 survey forms were distributed and 106 were returned (2.1% of the patient population).

- 84.9% found it easy to get through to this surgery by phone compared to a CCG average of 67.2% and a national average of 73.3%.
- 88.4% found the receptionists at this surgery helpful (CCG average 84.2%, national average 86.8%).
- 87.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81.7%, national average 85.2%).
- 99.3% said the last appointment they got was convenient (CCG average 89.2%, national average 91.8%).

- 91.5% described their experience of making an appointment as good (CCG average 69.8%, national average 73.3%).
- 79.6% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55.5%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients commented that they felt included in their treatment and that they were listened to. They also commented that there was a very good and caring staff team.

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

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that staff receive appropriate training for their role, including chaperone and infection control training.
- Ensure clinical staff that are responsible for patients within care homes are aware of Deprivation of Liberty Safeguards (DoLS).

### Action the service **SHOULD** take to improve

- Carry out health and safety risk assessments, fire risk assessment and regular fire drills.
- Engage in multi-disciplinary palliative care meetings.
- Share knowledge of updated clinical guidance within the practice. For example NICE guidelines.
- Introduce a register to identify patients with mental health conditions.

# Dr Makuloluwe & Dr A S Jones

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector. It included a second CQC inspector, GP advisor and practice nurse advisor who were granted the same authority to enter the Latymer Road practice as the Care Quality Commission (CQC) inspector.

### Background to Dr Makuloluwe & Dr A S Jones

The Latymer Road Practice is located in the London Borough of Enfield. The practice is part of the NHS Enfield Clinical Commissioning Group (CCG) which is made up of 50 practices. It currently holds a Personal Medical Service (PMS) contract to 4964 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 37.8% under the age of 18 and 21.4% over the age of 65. The Latymer Road Practice is situated within a purpose built building. Consulting rooms are situated on the ground level with administrative offices on the upper floor. There is currently one full time GP partner (female) since one of the partners retired at the beginning of 2015. There are two salaried GPs (male and female). One of the salaried GPs is soon to become a partner. Each GP carries out eight sessions per week. Practice staff also consist of a practice nurse (who works 24 hours a week), practice manager and administrative staff.

The practice is open between 8am and 6.30pm each week day except Thursday when the practice is open between 8am and 1pm. Appointments are from 8.30 am to 12.30pm

every morning and 3pm to 6.30pm each day except Thursday when appointments are from 8.30am to 12.30pm. The practice did not offer an extended hours surgery. In addition pre-bookable appointments can be booked up to eight weeks in advance; urgent appointments are also available for people that needed them. Patients are able to book appointments on-line. The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

The practice was registered as a partnership; however one of the partners had retired. The practice had notified the CQC of this change but were still in the process of submitting an application to change the registration status.

### Why we carried out this inspection

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

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

# Detailed findings

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. The practice had not been previously inspected.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 November 2015. During our visit we:

- Spoke with a range of staff including clinical, managerial and administrative and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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.

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a patient was booked in to see GP and was referred to the local hospital for a scan. However, the wrong patient was booked in and it only came to light when another patient with the same name contacted the practice to enquire why they had received the appointment. This was investigated and discussed in the practice meeting where the booking system was changed to ensure that secondary data such as a date of birth was requested at the time of booking the appointment to ensure the correct patient was seen.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff within the practice policy folder and as a link on each computer desk top. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child protection level three. All staff had received safeguarding training.

- A notice in the waiting room advised patients that nurses would act as chaperones if required, however no notices were visible in the consulting rooms informing patients about the chaperone service. The nurse and reception staff acted as chaperones, however none had received training for the role. All had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. However, they had not received training for the role. There was an infection control protocol in place. Non-clinical staff had also not received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However we found that some of the report incorrectly reflected what we found at the practice. For example the audit showed that the practice had taps that were activated by elbow but we found that the taps in place were activated by turning by hand.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice had not adopted Patient Group Directions to allow nurses to administer medicines in line with legislation. We advised that these should be completed in order for medicines to be administered legally. The practice completed the paperwork before the end of the inspection and provided evidence of the nurse's competence to administer medicines.
- We reviewed six personnel files and found that recruitment checks had been undertaken prior to

# Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We viewed the files of two recent members of staff and found that appropriate references were present.

## Monitoring risks to patients

Risks to patients were not always assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. However the practice had not undertaken a health and safety risk assessment, fire risk assessment or regular fire drills. Electrical equipment had not been checked to ensure the equipment was safe to use. The practice could not provide evidence of the last test. Clinical equipment was checked to ensure it was working properly. We were provided with evidence of up to date calibration testing. The practice had undertaken legionella testing (a germ that is found within water systems) in April 2014.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. To ensure there was enough staff, when a member of staff requested annual leave they had to ensure another member of staff was available to cover their duties. Both members of staff would sign the annual leave form to ensure a record of staff cover. During times of sickness the practice manager would contact administrative staff to cover administrative duties; locums were used to cover GP absence. The practice would provide locum cover if the practice nurse was on sick leave.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic buttons were also available in the consultation rooms and reception area.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator or oxygen available on the premises. When questioned, the practice stated that they did not have these due to cost and the closeness of the local hospital; however no risk assessment had been carried out. Within 48 hours of the inspection we were provided with evidence of the purchase of both oxygen and defibrillator. The practice had put a plan in place to train all staff in their use.
- There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. However the practice did not have systems in place to keep all clinical staff up to date, other than via informal discussions.
- The practice monitored these guidelines were followed through risk assessments, and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 94.6% of the total number of points available, with 3.9% exception reporting. Data from the year 2014-2015 showed:

- Performance for diabetes related indicators was comparable to the CCG and national average. For example 84.18% of patients with diabetes, on the register, in whom the last blood pressure reading measured in the preceding 12 months is 140/80 mmHg or less compared to a national average of 78.53%. Whilst 76% of patients with diabetes, on the register, whose last measured total cholesterol measured within the preceding 12 months is 5 mmol/l or less compared to a national average of 81.6%.
- Performance for hypertension related indicators was marginally above the national average with 84.25% of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months is 150/90mmHg or less compared to a national average of 83.11%.

- Performance for mental health related indicators was comparable to the national average with 91.49% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months compared to a national average of 88.61%.
- The dementia diagnosis rate was above the national average with 96% of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months compared to a national average of 83.82%.
- The practice attended regular, two monthly, multidisciplinary case review meetings as well as holding monthly multidisciplinary team meetings. However the practice did not hold multi-disciplinary palliative care meetings.
- The practice held unplanned admissions meetings to discuss recent admissions. Although they did not have a recall protocol for follow-up of unplanned admission patients following discharge, all such patients were discussed in meetings.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits conducted in the last two years, one of these was a completed two cycle audit for example an audit of Asthma Patients on High Dose Inhaled Corticosteroid (ICS) Therapy where the improvements made were implemented and monitored. The original audit in September 2014 identified 20 patients on these medicines. Sixty three per-cent of these patients were in need of an asthma review. At the second audit in June 2015 this figure had reduced to 40%. Findings were used by the practice to improve services. For example, in a prescription review it was found that 92% of patients had a medicines review date recorded in their notes but only 40% had received the review. This data was used to improve the flag system on the clinical computer system to ensure more patients were called for review at the appropriate time. Information about patients' outcomes was used to make improvements such as: recent action taken as a result of an audit of medicines review dates included six monthly reviews for patients receiving repeat prescriptions.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. New staff were mentored by an established team member and frequent informal reviews took place. However, it did not cover infection prevention and control.
- The learning needs of staff were identified through a system of appraisals and meetings. However, there was a lack of a system for staff to undertake training within the practice. An online training facility had recently been made available but there was no link to any staff training programme. The practice were aware of this area and were in the process of developing a system to ensure staff received appropriate training. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and safeguarding training for both adults and children. However, not all staff had received infection control or chaperone 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.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- Unplanned admissions meetings were held monthly to discuss recent admissions. Copies of meeting minutes were seen.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place.

### Consent to care and treatment

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

- Staff had a working knowledge of the relevant consent and decision-making requirements of legislation and guidance. Though not all clinical staff were aware of the requirements of the Mental Capacity Act 2005, particularly one member of the clinical staff who was responsible for the care of patients within a nursing home was not aware of the Deprivation of Liberty Safeguards (DoLS) when questioned. 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.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 86.27%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 77% to 93.4% and five year olds from 79.3% to 98.3%. Flu vaccination rates for the over 65s were 72.75%, and at risk groups at 60.58% were comparable to national averages.

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



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

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

However, the practice has no formal register to identify patients with mental health conditions. Nor did they hold

palliative or gold standard meetings for patients undergoing palliative care. The practice were aware of this and stated that it was an area that they were developing once the new computer system was installed.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient CQC 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. Three of the comment cards expressed a concern regarding getting an appointment at the practice.

We also spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

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 doctors and nurses. For example:

- 85.6% said the GP was good at listening to them compared to the CCG average of 84.8% and national average of 88.6%.
- 84% said the GP gave them enough time (CCG average 82.2%, national average 86.6%).
- 96.6% said they had confidence and trust in the last GP they saw (CCG average 93.2%, national average 95.2%).

- 85.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 80.2%, national average 85.1%).
- 91.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.1%, national average 90.4%).
- 88.4% said they found the receptionists at the practice helpful (CCG average 84.2%, national average 86.8%).

### Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 75.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81.7% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 76.6%, national average 81.4%).

These scores had been discussed and addressed in the clinical meeting.

Staff told us that translation 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.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice were unable to identify the

## Are services caring?

number of patients on the practice list identified as carers at the inspection due to the change in clinical computer system. Written information was available to direct carers to the various avenues of support available to them.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population; however there was limited engagement with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice were aware of a CCG led needs analysis that had been recently undertaken and were awaiting the results of this before carrying out a further needs assessment. The practice were aware of the high proportion of diabetic patients and were providing a service of health checks and follow ups to monitor the needs of this particular patient group.

- There were longer appointments available for older people and those patients with a learning disability.
- Home visits were available for patients who would benefit from these.
- The practice provided a named GP for older patients and those on the learning disability and mental health registers.
- The practice carried out monthly care plan reviews for patients on the unplanned admissions list.
- The practice provided a weekly nurse led Chronic Obstructive Pulmonary Disease (COPD) and asthma clinic.
- The practice provided an in-house counselling service and also referred patients on to local counselling services.
- Joint working with the community matron and chronic disease nurse specialists.
- Multi-disciplinary team meetings were regularly undertaken to discuss patients within care homes.
- Proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care
- Urgent access appointments were available for children and patients with serious medical conditions, including those patients involved with the local mental health crisis team.
- The practice provided a full sexual health and contraception service.

- The practice provided a full post and antenatal service. Including proactive referrals for under 5s to health visitors for vulnerable families. The practice also undertook joint working with school nurses, health visitors and midwives.
- Transitional care support for patients turning 18 that need adult services, for example patients with sickle cell, congenital conditions, diabetes, asthma and children in care.
- Patients were able to book appointments, order prescriptions and see their medical summary online.
- There were disabled facilities, hearing loop and translation services available.
- The practice signposted patients to support groups and voluntary organisations.
- Translation services were available including a language fan card for patients to answer key questions. The practice also allowed family members to translate in consultations if the patient requested but were aware of the limitations of this practise.

### Access to the service

The practice was open between 8am and 6.30pm each week day except Thursday when the practice was open between 8am and 1pm. Appointments were from 8.30am to 12.30pm every morning and 3pm to 6.30pm each day except Thursday when appointments were from 8.30am to 12.30pm. The practice did not offer an extended hours surgery. Patients were able to book appointments up to eight weeks in advance, with more appointments being released 48 hours before the day of appointment and further appointments being released on the day. Urgent appointments and home visits were also available for people 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. People told us on the day that they were were able to get appointments when they needed them.

- 77.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.3% and national average of 74.9%.
- 84.9% patients said they could get through easily to the surgery by phone (CCG average 67.2%, national average 73.3%).

# Are services responsive to people's needs?

(for example, to feedback?)

- 91.5% patients described their experience of making an appointment as good (CCG average 69.8%, national average 73.3%).
- 79.6% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55.5%, national average 64.8%).
- 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. A poster was on display in the waiting room and complaints leaflets were available from reception.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

We looked at 10 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint that a patient did not have enough time in a consultation with the GP, patients who may have complex or several medical issues were encouraged to book double appointments.

# Are services well-led?

Requires improvement 

(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; Staff knew and understood the values. The mission statement was not displayed within the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care; however there were areas where the governance framework was in need of development.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- Some clinical audits were used to monitor quality but the system was in need of development. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- There was a lack of understanding of some legal procedures that must be adopted for the safe running of the practice. For example the use of Patient Group Directions (PGDs)
- There was a lack of a system of training within the practice
- There was a lack of risk assessments and safety checks. For example, health and safety risk assessment and fire inspection checks.

### Leadership, openness and transparency

The current partner in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partner was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. There was an open door policy for all staff between appointment times

where staff could share knowledge together, however we were informed that this rarely happened and GPs worked on their own personal development and rarely shared the knowledge and updated guidance.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular monthly team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- 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.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the

# Are services well-led?

Requires improvement 

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

practice management team. For example, the PPG raised the issue of access via the telephone system and were involved in the development and implementation of a new telephone system with automated queuing.

- The practice had also gathered feedback from staff through annual appraisals, informal conversations and monthly staff meetings. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The practice did not have systems in place to provide training for staff. This included infection control and chaperone training.  This was in breach of regulation 18(2)(a) of the Health and Social Care Act (RA) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  There was a lack of understanding regarding legal procedures used to enable the effective governance of the practice especially around the need for patient group directives (PGDs) and risk assessments.  We found that clinical staff who were responsible for patients within a local nursing home were not aware of the Deprivation of Liberty Safeguards (DoLS).  This was in breach of regulation 17(2)(b) of the Health and Social Care Act (RA) Regulations 2014