

The Microfaculty

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?

Outstanding 

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 Microfaculty on 14 July 2016. Overall the practice is rated as Outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, they were commended and interviewed by Diabetes UK in March 2016 regarding identifying best practice that could be transferred across peers in the Waltham Forest CCG.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Summary of findings

We saw areas of outstanding practice:

- The lead GP had created templates on the patient records system that prompted staff to get specific information, provided guidance as to what actions to take and gave specific agencies contact information in relation to concerns such as violence against women (domestic and sexual), forced marriage and honour based violence, faith based abuse, female genital mutilation, prostitution and trafficking which had been promoted by the CCG.
- The practice took part in research projects such as East London Genes and Health. This entailed the practice collecting anonymised genetic material from

people of Pakistani and Bangladeshi origin with a view to trying to rewrite the Cardiovascular Risk Tables for South Asians. Information submitted was with the full consent of patients. One hundred and eighteen participants have been recruited.

However, there were also areas of practice where the provider should make improvements:

- The practice should ensure that infection control audits are carried out annually.

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.

- There was an effective system in place for reporting and recording significant events.
- The practice carried out a thorough analysis of the significant events on a quarterly basis. The findings were discussed both internally with the patient participation group (PPG) and externally with the local trust, social services and the CCG.
- When things went wrong patients 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 in place to keep patients safe and safeguarded from abuse. The lead GP had created templates on the system that prompted staff to get specific information, provided guidance as to what actions to take and gave specific agencies contact information in relation to concerns such as violence against women (domestic and sexual), forced marriage and honour based violence, faith based abuse, female genital mutilation, prostitution and trafficking.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for some aspects of care.
- 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.
- The practice took part in a carers pilot in association with Waltham Forest Carers Association (WFCA) to identify carers and develop individual support packages that met their needs
- Feedback from patients about their care and treatment was consistently positive.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients can access appointments and services in a way and at a time that suits them. They offered extended appointments three mornings per week. They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The lead GP was responsible for implementing and monitoring appropriate reporting systems to measure their QOF performance. The QOF data for this practice showed it was performing above national standards.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There was a clear, proactive approach to seeking out and embedding new ways of providing care and treatment. The practice took part in local pilot schemes to improve outcomes for patients in the area. For example, the practice worked in partnership with Waltham Forest Carers Association and the CCG to provide health coaching and took part in a carers pilot.
- The practice were commended and interviewed by Diabetes UK in March 2016 regarding identifying best practice that could be transferred across peers in the Waltham Forest CCG.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Outstanding



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 good for care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over 75 years had a named GP to co-ordinate their care.
- Patients identified as at risk of an emergency admission had their care planned.
- The practice was responsive to the needs of older people, and offered double appointments, home visits and urgent appointments for those with enhanced needs
- The practice had 278 patients over 75 and 77% had received flu vaccinations in 2015/16.

Good



People with long term conditions

The provider was rated as outstanding for care of people with long term conditions.

- The practice was pro-actively managing patients with long term conditions (LTC). Patients in these groups had a care plan and would be allocated longer appointment times when needed. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group.
- The practice had the second highest proportion of people with Diabetes in Waltham Forest CCG., which was approximately 7-8% of the practice population. They were commended and interviewed by Diabetes UK in March 2016 regarding identifying best practice that could be transferred across peers in the Waltham Forest CCG.
- The practice took part in a health coaching pilot organised by the CCG through an external organisation. The aim was to assist patients with COPD and Diabetes to receive intensive Health Coaching to help them manage their health and well-being.
- The practice also promoted a structured diabetes education programme to all diabetics. The practices referral rates for diabetes outpatients was the lowest in the borough.
- The practice nurses were involved in managing patients with diabetes and performing diabetic monitoring. The practice had scored 99% on the recent QOF report for diabetes which was above the CCG average.

Outstanding



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Services such as cardiology, urology and spirometry were provided in house to ensure continuity of care by clinicians.

Families, children and young people

The provider was rated as good for 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, they had a named administrative staff member who monitored paediatric non-attenders to hospital out-patient and community services and passed this information to the safeguarding lead. 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. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice's uptake for the cervical screening programme was 84%, which was above the national average of 82%.
- The practice triaged all requests for appointments on the day for children when their parent requested the child be seen for urgent medical matters, thus were able to offer appointments at mutually convenient times, for example after school, when appropriate.

Good



Working age people (including those recently retired and students)

The provider was rated as good for care of working age people (including those recently retired and students)

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. They offered extended appointments on Monday evenings and Saturday mornings.
- They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.

Good



Summary of findings

- 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.

People whose circumstances may make them vulnerable

The provider was rated as good for 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. Pop up alerts were placed on all computer notes to alert all members of staff of vulnerable patients.
- Learning Disability patients were given care plans that met their needs. Patients with learning disabilities were invited annually for a specific review with their named GP. We saw 12 out of 14 reviews had been carried out in the last 12 months. Extended appointments were available for patients in this group.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

Good



People experiencing poor mental health (including people with dementia)

The provider was rated as good for care of people experiencing poor mental health (including people with dementia)

- The practice had achieved 100% of the latest QOF points for patients with Dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and all 36 had been reviewed in the last 12 months.

Good



Summary of findings

- The practice worked closely with the CMHT to support patients with mental illness transfer from secondary care back to primary care. Patients with severe mental health had a shared care plan and received their depot injection from the lead GP.
- One of the GPs had a special interest in this area and was Section 12 of the Mental Health Act approved which meant they were able to assess patients and give medical recommendations for the compulsory admission of a mentally disordered person to hospital.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Reception staff we spoke with were aware of signs to recognise patients in crisis and to have them urgently assessed by a GP if they presented.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above or in line with local and national averages. There were 108 responses and a response rate of 34%, which was 2.4% of the practice population.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 79% and a national average 85%.
- 83% of patients described the overall experience of this GP practice as good compared to a CCG average 75% and a national average 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average 67% and a national average 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 58 comment cards which were all positive about the standard of care received.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also told us they were satisfied with the care provided by the practice.

We noted that 91% of patient who had completed the friends and families test said they would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The practice should ensure that infection control audits are carried out annually.

Outstanding practice

- The lead GP had created templates on the patient records system that prompted staff to get specific information, provided guidance as to what actions to take and gave specific agencies contact information in relation to concerns such as violence against women (domestic and sexual), forced marriage and honour based violence, faith based abuse, female genital mutilation, prostitution and trafficking which had been promoted by the CCG.
- The practice took part in research projects such as East London Genes and Health. This entailed the practice collecting anonymised genetic material from people of Pakistani and Bangladeshi origin with a view to trying to rewrite the Cardiovascular Risk Tables for South Asians. Information submitted was with the full consent of patients. One hundred and eighteen participants have been recruited.

The Microfaculty

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to The Microfaculty

The Microfaculty Surgery provides GP primary care services to approximately 4600 people living in Chingford area of Waltham Forest. The local area is a mixed community and some of the practice population comes from relatively deprived backgrounds.

The practice is staffed by a lead GP and two salaried GPs, one male and two females, who work a combination of full and part time hours totalling 19 sessions per week. The practice was also a training practice and the lead GP was a qualified trainer. At the time of our inspection there were two trainees. Other staff included a practice manager, two nurses, a health care assistant and five administrative staff. The practice holds a Personal Medical Services (PMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 7.30am to 6.30pm on Monday to Friday, except on Wednesday when they closed at 1pm. The telephones were staffed throughout working hours except between 1.00pm and 2.00 pm when the phones are switched to the out of hours provider. Appointment slots were available throughout the opening

hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

The practice provided a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

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.

This practice has not been inspected before.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 July 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice managers and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

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 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).
- Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events are identified. The practice carried out a thorough analysis of the significant events on a quarterly basis. The findings were discussed both internally with the patient participation group (PPG) and externally with the local trust, social services and the CCG.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, 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 these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where a patient discharged from secondary care had been prescribed a high dose medication which resulted in some side effects the practice was unable to contact the trust to clarify details. We saw a formal GP alert was invoked with the NHS Trust, key contacts were identified at the Trust in the event of another such incident, both in the medical team and the pharmacy department. Further, practice clinicians and administrative staff were advised that all medication given to patients from secondary care were to be checked by clinicians before repeat prescriptions were given.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. There were comprehensive systems to keep people safe, which took account of current best practice, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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. 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 on safeguarding children and vulnerable adults relevant to their role. Clinicians, including the HCA, were trained to child safeguarding level 3 and non-clinicians, level 1.
- The lead GP had created templates on the patient record system that prompted staff to get specific information, provided guidance as to what actions to take and gave specific agencies contact information in relation to concerns such as violence against women (domestic and sexual), forced marriage and honour based violence, faith based abuse, female genital mutilation, prostitution and trafficking. The templates and supporting information was regularly reviewed and updated in line with current best practice.
- 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).
- Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy and protocols in place. We observed the premises to be clean and tidy. The lead GP was the infection control lead and staff had received training. The practice completed annual audits and the last one was carried out in March 2015 by the commissioning support unit.

Are services safe?

There was also a monthly cleaning audit carried out. Cleaning records were kept which showed that all areas in the practice were cleaned daily, and the toilets were also checked regularly throughout the day and cleaned when needed.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a GP.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills and we saw the last one took place in July 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Portable electrical equipment testing (PAT) had been carried out in July 2016. We saw evidence of calibration of relevant equipment; for example, blood pressure monitors, ECG, weighing scales and pulse oximeter which had also been carried out at the same time.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice manager told us about the arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. We saw that where they had an increase in patient numbers clinical staff had been increased. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the reception manager provided cover for the receptionist staff when needed for all absences.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator and had not carried out a risk assessment. However when we raised our concerns with the GP they decided they would purchase one immediately. Since the inspection they have confirm it has been purchased. There was oxygen on the premises 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The lead GP had created templates on the patients record system with links to these guidelines and referral pathways. We saw the practice had weekly clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was 99%, which was 14% above the CCG and 10% above national averages.
- Performance for mental health related indicators was 89%, which was 2% below the CCG and 4% below national averages.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits carried out in the last year. One was completed where the improvements made were implemented and monitored. For example, the practice had been informed by the CCG that 80% of practices in London were prescribing much less antibiotics than them. The practice obtained appropriate benchmarking information in regards to their peer practices in Waltham Forest and took actions which included downloaded antibiotic guidance to the desktops of clinicians. They also initiated retrospective monthly audits of oral antibiotic prescribing audits to encourage peer pressure. On re-audit a year later they found they were no longer in the bottom 20% and we saw they had received a letter from the department of health congratulating them on their 'remarkable achievement' and stating they were an example of best practice to others.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and data management.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the HCA had been trained to administer B12 injections.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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.
- 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. 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.

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. The senior partner was a Clinical Assessor for Deprivation of Liberty Safeguards (DoLS)
- 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. 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 were signposted to the relevant service.
- Smoking cessation advice was available from the HCA at the practice once a week.

The practice's uptake for the cervical screening programme was 84%, which was above the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 93% and five year olds from 75% to 95%.

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

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

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

Feedback from people who use the service, those close to them and stakeholders is continually positive about the way staff treat people. All of the 58 patient Care Quality Commission comment cards we received were extremely 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. Patients felt that staff go the extra mile and the care they receive exceeded their expectations.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 80% 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%.
- 77% 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%.
- 94% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 94% and national average of 97%.

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

- 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.
- Information leaflets were available in easy read format.

Are services caring?

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.

The practice took part in a carers pilot in association with Waltham Forest Carers Association (WFCA) to identify carers and develop individual support packages that met their needs. They had attended meetings with other practices, facilitated by WFCA, to discuss challenges. Carers were asked to complete a carer's form where appropriate and

there was written information available for carers to ensure they understood the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as carers (1.2% of the practice list).

For patients receiving end of life care, the senior GP partner gave patients and their carers a contact telephone number to be informed of the death outside of hours, so they could be in contact with families and carers to offer support if required.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer any support and arrange a time and location to meet the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended monthly network meetings with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised such as A&E attendances and prescribing.

- Patients over 75 years had a named GP to co-ordinate their care. Patients in this population group identified as at risk of an emergency admission had their care planned. The GPs carried out home visits when needed and double appointments were available for these patients when required. The practice had the eighth highest (out of forty-three) achievement in Influenza vaccine uptake in Waltham Forest CCG. The lead GP carried out early morning visits, from 7am for housebound patients, which allowed for their families to be present.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. GPs attended regular internal as well as multidisciplinary meetings with district nurses, social workers and palliative care nurses, to discuss patients and their family's care and support needs. Patients in these groups had a care plan and would be allocated longer appointment times when needed. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group. Services such as cardiology, urology and spirometry were provided in house to ensure continuity of care by clinicians. We noted referral rates for these conditions were amongst the lowest in Waltham Forrester.
- The practice had the second highest proportion of people with diabetes in Waltham Forest CCG, which was approximately 7-8% of the practice population. We noted they were commended and interviewed by Diabetes UK in March 2016 regarding identifying best practice that could be transferred across peers in the Waltham Forest CCG. The lead GP told us their current processes and methods used to achieve good diabetes

outcomes included active case finding in any presentation suggestive of diabetes and a "hands on approach" for example, repeatedly reminding diabetics, in consultations for other conditions, of the necessity of getting their diabetic checks done. They said they also carried out proactive management of younger diabetics to prevent disease progression and reduce complications. Further, the practice also promoted a structured diabetes education programme to all diabetics. The practice's referral rates for diabetes outpatients was the lowest in the borough.

- **The practice took part in a Health Coaching pilot organised by WFCCG through an external organisation. The aim** was to assist patients with COPD and diabetes to receive intensive health coaching to help them manage their health and well-being. The practice identified 20 people who fitted the eligibility criteria, however only six patients completed the course. The GP said this was largely due to the time commitment.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed. The practice triaged all requests for appointments on the day for all children when their parent or carer requested the child be seen for urgent medical matters, thus were able to offer appointments at mutually convenient times, for example after school, when appropriate. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice offered working age patients access to extended appointments on three mornings a week. They offered on-line services which included appointment management, viewing patient records, repeat prescriptions and registration. They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities, homeless and substance misuse patients were coded on appropriate registers. Pop up alerts were

Are services responsive to people's needs?

(for example, to feedback?)

placed on all computer notes to alert all members of staff to vulnerable patients. GPs told us this was to allow them to meet their specific additional needs such as double appointments, interpreter, visual/hearing impaired, carer details, and risk assessment stratification. Learning Disability patients were given care plans that met their needs. Patients with learning disabilities were invited annually for a specific review. We saw 12 out of 14 reviews had been carried out in the last 12 months.

- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and all 36 had been reviewed in the last 12 months. The practice worked closely with the CMHT to support patients with mental illness transfer from secondary care back to primary care. Patients with severe mental health had a shared care plan and received their depot injection from the lead GP. One of the GPs had a special interest in this area and was Section 12 approved which meant they were able to assess patients and give medical recommendations for the compulsory admission of a mentally disordered person to hospital. Patients were also referred to other services such as MIND. Reception staff we spoke with were aware of signs to recognise patients in crisis and to have them urgently assessed by a GP if they presented.
- The practice had achieved 100% of the latest QOF points for patients with dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice was open between 7.30am to 6.30pm on Monday to Friday, except on Wednesday when they closed

at 1pm. The telephones were staffed throughout working hours except between 1.00pm and 2.00 pm when the phones are switched to the out of hours provider. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were 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.

- 76% of patients were satisfied with the practice's opening hours which was comparable to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone which was above the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed in reception and, summary leaflet were available.

We looked at the one complaint received in the last 12 months and found this was dealt with in a timely way, in line with the complaints policy. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

Are services well-led?

Outstanding



(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 vision and values was to give personalised care to all their patients and never say no to people in need. They said in order to achieve this they offer a flexible service, which they constantly try to improve. All staff we spoke with knew and understood the vision and values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values, which was regularly monitored and reviewed annually.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. We spoke with seven members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All five policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing above national standards. They had scored 879 out of 900 in 2014 and 542 out of 559 in 2015 which was 3% above the CCG average and 2% above England average. We saw QOF data was regularly reviewed and discussed at the weekly clinical meeting. The practice also took part in a peer reviewing system with neighbouring GP practices in Waltham Forrest.

- There was a programme of continuous clinical and internal audit used to monitor quality and to make improvements. The practice had carried out clinical audits in relation to minor surgeries, repeat prescribing and diabetes.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 in place 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. The practice had systems in place 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 in place and staff felt supported by management.

- Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. Staff felt they worked well together and that they were a highly functional team which listened and learnt, and were aware of their challenges such as, succession planning and understanding the reporting requirements for the out of hospital contracts.
- We noted that team away days were held every year and staff told us these days were used both to assess business priorities and socialise with colleagues.

Are services well-led?

Outstanding



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

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active virtual PPG who were consulted in relation to patient survey results and submitted proposals for improvements to the practice management team. For example, they had raised concern about the length of time it took on occasions to check in for appointments. As a result the practice installed an automated checking in system.
- There were high levels of staff satisfaction. The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had taken part in a number of pilots such as the health coaching and the carers pilot in association with Waltham Forest Carers Association.

The practice also took part in research projects such as East London Genes and Health. This entailed the practice collecting anonymised genetic material from people of Pakistani and Bangladeshi origin with a view to trying to rewrite the Cardiovascular Risk Tables for South Asians. Information submitted was with the full consent of patients. One hundred and eighteen participants have been recruited. This research is ongoing.

The practice was also a training practice and the lead GP was a qualified trainer. At the time of our inspection there were two trainees.

A systematic approach was taken in working with other organisations to improve care outcomes and tackle health inequalities. The lead GP was involved in various external boards and organisations such as CCG and Waltham Forrester GP Federation. Members of the PPG also attended PPG events in the borough. We saw that information from all these forums were fed back to practice staff at the practice meetings.