

# Knights Hill Surgery

## 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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Knights Hill Surgery on 14 December 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed, but some of the arrangements to manage medicines were not effective. Blank prescription forms were stored on open shelving in an office accessible to staff, and there was no system of monitoring forms within the practice. We found two prescriptions awaiting collection and an out of date medicine that had been missed in the practice checks.
- 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.
- Data from the national GP patient survey showed patients rated the practice below average for ease of making an appointment, and for ease of access to preferred GPs.
- Results from the national GP patient survey showed patients were less satisfied than patients at other practices with GPs, nurses and reception staff. The practice had not carried out systematic analysis of the survey results.
- Data from the Quality and Outcomes Framework (QOF) showed that on most indicators patient outcomes were in line with the national average. The practice had taken action on areas of below average performance in caring for patients with diabetes.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
  - Evidence showed the practice responded to issues raised, but were not following their own policy or national guidance when responding, and information provided to patients about how to escalate complaints was incorrect.

The areas where the provider must make improvement are:

- Ensure that complaints are managed according to recognised guidance and contractual obligations, with full records kept of all communication.

The areas where the provider should make improvement are:

- Implement effective security and monitoring arrangements for prescription forms and pads, and ensure that mechanisms to monitor emergency medicines and prescriptions awaiting collection are effective.
- Continue to monitor and take action to improve outcomes for patients with diabetes.
- Monitor and take action to improve patient satisfaction with consultations with GPs, nurses and engagement with reception staff, and with making an appointment.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

**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.

Good



- Most risks to patients were assessed and well managed, but some of the arrangements to manage medicines were not effective. Blank prescription forms were stored on open shelving in an office accessible to staff, and there was no system of monitoring forms within the practice. We found two prescriptions awaiting collection and an out of date medicine that had been missed in the practice checks.
- 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 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that on most indicators patient outcomes were in line with the national average. The practice had taken action on areas of below average performance, and we saw evidence that most were likely to be line with average in 2016/17.
- 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.

### Are services caring?

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

Requires improvement



# Summary of findings

- Results from the national GP patient survey showed patients were less satisfied than patients at other practices with GPs, nurses and reception staff. The practice had not carried out systematic analysis of the survey results.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

- Evidence showed the practice responded to issues raised, but were not following their own policy or national guidance when responding, and information provided to patients about how to escalate complaints was incorrect.
- Data from the national GP patient survey showed patients rated the practice below average for ease of making an appointment, and for ease of access to preferred GPs. Urgent appointments as well as routine appointments were available.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice offered a minor surgery service, to avoid patients having the delay and inconvenience of hospital attendance.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

**Requires improvement**



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff had an understanding of the practice's values.
- 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, but not all policies were well implemented.
- 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. Not all risks had been identified by these processes, and some systems to manage risk were not working well.

**Good**



# Summary of findings

- 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.
- The patient participation group was active.
- There was a focus on innovation and improvement.

# 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 being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was mixed, with some below the national average. The practice had identified that the care of patients with diabetes was below average and had taken action to improve it, although some indicators remain below average.
- Longer appointments and home visits were available when needed.
- 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.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

The provider was rated as requires improvement for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requires improvement for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Requires improvement**





# Summary of findings

- 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.

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

The provider was rated as requires improvement for being caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 88% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was similar to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried 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.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. 329 survey forms were distributed and 107 were returned. This represented just under 2% of the practice's patient list. The results showed the practice was performing below local and national averages for some aspects of patient satisfaction.

- 72% of patients described the overall experience of this GP practice as good compared to the local average of 85% and the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 82% and the national average of 80%.
- 76% of patients found it easy to get through to this practice by phone compared to the local average of 78% and the national average of 73%.

- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 75% and the national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards. Sixteen were wholly positive about the standard of care received, and three cards had mixed feedback.

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

The practice used the Friends and Family test to collect patient feedback. In the period May 2016 – February 2017, the practice received 191 responses and most (157) said that they would be very likely to recommend the practice, with 29 saying it was likely.

# Knights Hill Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector, with a GP specialist adviser.

## Background to Knights Hill Surgery

Knights Hill Surgery has approximately 5440 patients and is in West Norwood, south London. The surgery is purpose built premises, in a building with a leisure centre and other health services. There is lift access to the floor where the surgery is. The area is well served by public transport.

Compared to the England average, the practice has more young children as patients (age up to four) and fewer older children and young adults (age 10 – 19). There are many more patients aged 20 – 44, and many fewer patients aged 45+ than at an average GP practice in England.

The surgery is based in an area with a deprivation score of four out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children than the English average. Compared to the English average, fewer patients are unemployed or have a long-standing health condition.

Four doctors work at the practice: one male and three female. One of the doctors is a partner, with a non-clinical managing partner. Some of the GPs work part-time. Full time doctors work 8 sessions per week. The practice provides 24 GP sessions per week.

The nursing team is made up of one practice nurse and two health care assistants. There is also a full-time pharmacist employed by the practice.

The practice is open 8am to 6.30pm Monday to Friday and 9am to 5pm on Saturday. Appointments with GPs are available on Monday from 8.30am to 12.10pm and 3pm – 6pm, Tuesday from 9am to 12.30pm and 3.20pm to 6pm, Wednesday from 8.30am to 12.30pm and 3pm to 6pm, Thursday from 9am to 12.10pm and 3pm to 6pm, Friday from 9am to 12.30pm and 3pm to 6pm and Saturday 9am to 12pm and 2pm to 4.30pm.

When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a General Medical Services contract in the Lambeth Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the first time that the CQC has inspected the practice.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

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

During our visit we:

- Spoke with a range of staff and 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).
- 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.
- The practice carried out a thorough analysis of the significant events.

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, after a member of staff received a needlestick injury from a lancet used to check blood sugar, the practice changed to single-use disposable lancets.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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. GPs were trained to child protection or child safeguarding level 3, nurses to at least level 2 and non-clinical staff to level 1. One of the GPs in the practice was the regional safeguarding lead and was trained to level 4.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Most, but not all, arrangements for managing medicines, including emergency medicines and vaccines, worked well to keep 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 employed their own pharmacist, who checked all repeat prescribing to ensure adherence with guidelines. 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. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine

## Are services safe?

including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- Blank prescription forms were kept in an office, which was not accessible to the public but which was accessible to all staff with security key cards. The blank prescription forms were stored on open shelving with other printer supplies. There was no log of blank prescription forms in the practice and no monitoring of their use. The practice manager told us that the stock delivered is checked against the delivery note, but no delivery note for the practice was available during the inspection. Prescription forms moved into consultation rooms were stored in a locked drawer overnight. Prescription pads (for prescriptions to be handwritten) were stored in the safe. The practice had not formally risk assessed their storage and monitoring of prescription forms and pads, but staff told us that they believed the security arrangements (security doors, CCTV and alarm system) to be appropriate. After the inspection, the practice told us that they had introduced a log to record to use of prescription forms.
- Practice staff told us that prescriptions awaiting collection were checked every six weeks. We found two prescriptions that dated from earlier than six weeks previously – one (dated 19 September 2016) was marked “urgent” and the other (dated 4 October 2016) had a note that said “Book app’t doctor”. After the inspection, the practice told us that they had contacted the two patients concerned and offered them an appointment with a GP, and that the check of prescriptions awaiting collection would now take place monthly for easier scheduling.
- The practice had developed a “Contract for Controlled Substance Prescriptions” for patients that had been identified as risk of over use of their prescribed medicines, which was now in place for two patients.
- We reviewed four 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

Most 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 regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients’ needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children’s masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw evidence that emergency medicines were checked every month. Most of the emergency medicines were in date, but there was a packet of aspirin that had an expiry date of September 2016. There was a second box of aspirin that was in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 (2015/16) were 96% of the total number of points available, compared to the local average of 95% and the national average of 95%.

This practice was an outlier for the number of patients identified with certain health conditions:

- The ratio of reported versus expected prevalence for Coronary Heart Disease (0.45, compared to the local Clinical Commissioning Group (CCG) average of 0.5 and the national average of 0.71)
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (0.27 compared to the CCG average of 0.31 and the national average of 0.63)

We saw evidence that the practice had increased the number of patients identified and that, for example the number of patients on the Chronic Obstructive Pulmonary Disease register had increased from 43 to 56.

The contractor had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.

- Performance for most diabetes related indicators was below average.
  - 69% of patients with diabetes had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 71% and the national average of 78%. (12% exception rate, 3% above CCG, 0.2% below England)
- 63% of patients with diabetes had well controlled blood pressure, compared to the local average of 74% and the national average of 78%. (Exception rate 11%, 3% higher than local average and 2% above England average).
- 95% of patients with diabetes had an influenza immunisation, compared to the local average of 91% and the national average of 95%.
- 72% of patients with diabetes had well controlled total cholesterol, compared to the local average of 80% and the national average of 80%.
- 62% of patients with diabetes had a foot examination and risk classification, compared to the local average of 87% and the national average of 88%.

The practice had identified that the care of patients with diabetes was below average and had taken action to improve it, for example by providing additional staff training. We saw evidence that suggested that performance on the diabetes indicators would be comparable to, or close to comparable to local and national averages in 2016/17. For example, on the date of the inspection, 85% of patients with diabetes had a foot examination and risk classification and 78% had well-controlled total cholesterol. However, only 53% of patients had well controlled blood pressure at the time of our inspection.

- Performance for mental health related indicators was comparable to the national average.
  - 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 87% and the national average of 89%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 88% and the national average of 89%.
- 91% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 82% and the national average of 84%.



# Are services effective?

## (for example, treatment is effective)

- 94% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 94% and the national average of 94%.

Rates of exception reporting was also similar to local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

There had been five clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Both audits showed that the practice was meeting the relevant guidelines, so there was no improvement in the second audit. In one example, the practice checked that patients blood test results were being reviewed and recorded before warfarin (a medicine to thin blood, used to treat heart conditions) was prescribed. The audit was carried out in March 2016 and November 2016. Both found that appropriate checks were being carried out and recorded.

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

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



# Are services effective?

(for example, treatment is effective)

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.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 78% and the national average of 81%. 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 providing information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. 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 comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 5% to 94% (local rates ranged from 5% to 95%) and five year olds from 81% to 100% (local rates ranged from 83% to 96%).

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.

We received 19 comment cards. Sixteen were wholly positive about the standard of care received, and three cards had mixed feedback. Patients we spoke to said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two 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 were less satisfied than patients at other practices with GPs, nurses and reception staff. For example:

- 81% of patients said the GP was good at listening to them, compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time, compared to the CCG average of 85% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 84% and the national average of 85%.

- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 90%.
- 79% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 87% 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.

The national GP patient survey asks patients about their involvement in planning and making decisions about their care and treatment. Results for the practice were below local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice gave us a copy of their analysis of the national GP patient survey results published in July 2016, which was dated 1 December 2016. This said that the practice achieved above local and national average scores in "quality of care and treatment offered by GPs". The analysis discussed the 66% of patients who said the last GP they spoke to was good at treating them with care and concern, but not the other below average results for GPs, nurses and reception staff.

The practice told us they felt the issues with patient satisfaction related to a period when the practice was reliant on locum GPs to cover long-term staff absence, and that results would improve on the next survey as three new

## Are services caring?

GPs and a reception manager had joined the practice. Other ideas were being considered, such as 15 minute appointments and allowing patients to raise more than one issue per appointment. The practice planned to run its own survey in March 2017.

The practice provided facilities to help patients be involved in decisions about their care. Translation services were available for patients who did not have English as a first language.

### **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's computer system alerted GPs if a patient was also a carer. The practice had identified 99 patients as carers (just under 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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 and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a minor surgery service, to avoid patients having the delay and inconvenience of hospital attendance.

- The practice offered appointments on a Saturday morning, to support patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice clinical pharmacist saw patients for medication reviews, was available to answer medicine queries and offered contraceptive pill checks and flu jabs. In addition to providing an extra resource for patients, this freed up appointments with doctors and nurses to see other patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had worked closely with local stakeholders and contractors to develop the practice premises, to ensure that it met best practice standards and patients' needs. There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open 8am to 6.30pm Monday to Friday and 9am to 5pm on Saturday. Appointments with GPs were available on Monday from 8.30am to 12.10pm and 3pm – 6pm, Tuesday from 9am to 12.30pm and 3.20pm to 6pm, Wednesday from 8.30am to 12.30pm and 3pm to 6pm, Thursday from 9am to 12.10pm and 3pm to 6pm, Friday from 9am to 12.30pm and 3pm to 6pm and Saturday 9am to 12pm and 2pm to 4.30pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments 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 mixed, with satisfaction with making an appointment and with access to a preferred GP below local and national averages.

- 78% of patients were satisfied with the practice's opening hours, compared to the local average of 81% and the national average of 79%.
- 76% of patients said they could get through easily to the practice by phone, compared to the local average of 78% and the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 75% and the national average of 76%.
- 28% of patients with a preferred GP usually get to see or speak to that GP, compared to the local average of 55% and the national average of 59%.

The practice's written analysis of the national GP patient survey results suggested that the issue with access to preferred GPs was due to not all GPs working every day. The document said that the practice had above local and national average scores for "access to doctors' appointments".

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

GPs called patients who requested a home visit to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice was not dealing with complaints in line with recognised guidance and contractual obligations.

The complaints policy was not in line with recognised guidance and contractual obligations for GPs in England. The policy stated that final responses would include details

# Are services responsive to people's needs?

## (for example, to feedback?)

of NHS England, for the patient to contact if they are dissatisfied with the practice's response. Patients can complain to NHS England as an alternative to complaining directly to a GP practice. NHS England's published guidance says that it will not be able to investigate complaints that have already been reviewed by a GP practice. If a patient is dissatisfied with the outcome of a complaint they can take it to the Health Service Ombudsman, and GP practices are expected to advise patients of this right.

The practice policy stated that complaints made in writing would receive a written acknowledgement within three working days and a timely written response, and that the response would include the NHS England details. We were given a folder of printed complaints and correspondence and chose five at random. None of the complaints we looked at had complete records.

- One of the five written complaints had no acknowledgement on file. One acknowledgement was not sent until eight working days after the complaint was received.
- Two of the five written complaints had no final response. One of the emails, which the practice told us was a final response, said that the managing partner was "carrying out internal investigations", but there was no record of these or evidence that the result had been communicated to the patient.
- None of the three final responses had details of who patients could contact if still dissatisfied with the practice's response.

After the inspection, the practice said that complaints with missing correspondence were acknowledged or closed by telephone, and that three of the complainants would have been handed copies of the complaints leaflet (which has details of NHS England and the NHS Ombudsman, although the process for accessing the Ombudsman is incorrectly explained) when they visited the practice after

making their complaints. The practice policy stated that the record kept of complaints will include all contacts and action taken. The complaints file had no record of telephone or face-to-face conversations for the five complaints we reviewed.

The practice told us that in future, patients would be sent a copy of the complaints leaflet with the final response to their complaint. The practice told us that they avoid the "unnecessary use of emails letters and paperwork" as patients "find this intimidating".

The practice also told us after the inspection that complaints were logged on the surgery software system so that they could be tracked and managed in the absence of the managing partner. We were not shown this during the inspection, just the paper file of documents.

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 a poster in reception and information on the practice website, but this information was incorrect as it advised patients that if they were unhappy with the practice's response they needed to escalate any complaint to NHS England before taking it the Ombudsman.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that they had been removed from the practice list. The patient had been sent a letter advising them to respond otherwise they would be removed from the practice list in line with local procedures. As the patient did not respond, the practice removed them. As a result of the complaint, the practice told us that they had changed their procedures to include a telephone call to patients before they are removed from the list for this reason.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- Staff had an understanding of the practice's values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, but they were not all well implemented. Complaints were not being handled in line with the practice policy.
- An understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these were not comprehensive. The risks associated with weakness in prescription form security had not been identified and managed. Systems to manage risk were not all working well. We found two prescriptions awaiting collection and an out of date medicine that had been missed in the practice checks.

### Leadership and culture

On the day of inspection the partners in the practice 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 the practice held regular team meetings. The partners also ran three other practices. In addition to practice-based support, nursing staff received education supervision with other nursing staff from the group from the senior partner.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and discussed improvements with the practice management team. The PPG representatives we met could not think of any particular examples of change that they had been involved with.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

# Are services well-led?

Good 

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

## Continuous improvement

There was a focus on innovation and improvement within the practice. The practice employed their own pharmacist to support prescribing. The partners invested in a new telephone system when the system in their (then) new building proved not equal to demand. The practice had

developed a “Contract for Controlled Substance Prescriptions” for patients that had been identified as risk of over use of their prescribed medicines. The practice had worked closely with local stakeholders and contractors to develop the practice premises, to ensure that it met best practice standards and patients’ needs.



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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints <b>How the regulation was not being met:</b> The practice was not following their own policy or national guidance in responding to complaints. This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.