

# Grafton Medical Partners

## 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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Grafton Medical Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grafton Square Surgery on 11 May 2016. Overall the practice is rated as good.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses, however the system for reporting and recording significant events was not fully effective.
- 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.
- Risks to patients were not always adequately assessed or well-managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- 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.
- There was not 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.

### The areas where the provider must make improvement are:

- Ensure that medicines management procedures are robust to include recording of vaccine refrigerator temperatures every day that the practice is open.

### In addition the provider should:

# Summary of findings

- Ensure that there is a clear system in place for reporting and recording significant events and monitoring actions taken to improve safety in the practice, ensuring all staff are recording and following the same process.
- Ensure that there is a robust system in place for following up urgent two week referrals made by the practice.
- Ensure that all staff have an appraisal completed annually.
- Ensure that there is effective communication with all staff via regular site meetings and that comprehensive minutes are kept.
- Ensure that staff have access to regular mandatory training to be able to respond to emergencies, including annual basic life support training and fire safety training.
- Ensure that the staffing structure, including roles and responsibilities are clearly defined, so that governance arrangements are more robust.
- Review provisions of bookable appointments for patients on demand.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was a system in place for reporting and recording significant events, however there were inconsistent approaches and some significant events were not being recorded.
- 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 systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of vaccine management.

Requires improvement



### 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 most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, although clinical and multidisciplinary meetings were not always documented effectively.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- 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 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.
- We received 24 patient Care Quality Commission comment cards and 18 were positive about the service experienced. Six were negative and related to difficulty in getting appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs. For example the practice had a special modified lift to facilitate wheelchair users or parents with pushchairs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff felt well-supported by managers and leaders in the practice, however boundaries between the four practices in the group were blurred across two Clinical Commissioning Groups (CCGs); consequently staff were not always clear about their roles.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of

Good



# Summary of findings

openness and honesty. The practice had systems in place for notifiable safety incidents and however this information was not always shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a 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

Good



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

- 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.
- The practice had a dedicated telephone bypass line between 10am and 12pm named the “Blue Star” for elderly patients aged 75 and over or patients identified as being at high risk of admission, to ensure prompt attention to patients’ needs.

### People with long term conditions

Good



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

- Salaried GPs, and GP partners 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 comparable. For example, 78% of patients had well-controlled diabetes, indicated by specific blood test results, comparable to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%.
- 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.
- The practice provided an in-house anticoagulation monitoring service for practice patients.

### Families, children and young people

Good



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

# 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 Accident and Emergency (A&E) attendances.
- Immunisation rates were in line with averages 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 74%, which was comparable to the Clinical Commissioning Group (CCG) average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care including 'commuter slots five evenings per week and on Saturday mornings.
- 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

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- For 2015/16, the practice had identified 5 patients on the learning disabilities register and all 5 had received an annual review.



# Summary of findings

- 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.
- 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)

Good



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

- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 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.
- The practice provided access to in-house counselling, psychotherapy and group therapy at one of the other

# Summary of findings

practices sites in the group, which all Grafton Medical Partners patients in Lambeth Clinical Commissioning Group (CCG) were able to access, as well as being able to refer to local psychological therapy services.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety four survey forms were distributed and 80 were returned. This represented 0.02% of the practice's patient list.

- 80% describe the overall experience as good which is comparable with Clinical Commissioning Group (CCG) average of 83% and a national average of 85%.
- 88% would recommend this surgery to someone new to the area compared with a CCG average of 78% and national average of 79%.
- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 63% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. The majority demonstrated that patients felt positive about the care received. A small number of patients raised concerns about the appointment system.

We spoke with six patients during the inspection and one member of the Patient Participation Group (PPG). All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, however patients reported difficulty in obtaining appointments.

# Grafton Medical Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Grafton Medical Partners

Grafton Medical Partners is located in Clapham Common in the London Borough of Lambeth. The practice serves approximately 5300 people living in the local area. The practice, known as Grafton Square Surgery is one of four practices run by Grafton Medical Partners; the other three practices are within Wandsworth CCG.

The practice is registered with the CQC for the following regulated activities Diagnostic and screening procedures; Maternity and midwifery services and Treatment of disease, disorder or injury.

The practice population is in the fifth least deprived decile in England. The Ethnicity estimate is

6.0% mixed, 5.9% asian, 15.9% black, 1.8% other non-white ethnic groups. The practice population of those of working age is above local and national averages at 74%, and the number of older people registered at the practice is lower than local and national averages; 7% of patients are over the age of 65.

The practice operates from recently converted premises. The practice is based over two floors with disabled access to treatment and consulting rooms on the ground floor. The consulting room on the first floor is accessed via stairs.

The practice has access to three doctors' consultation rooms and one nurse consultation room. The practice team at the surgery is mainly partner delivered care made up of two part time GP partners, one male and one female and one part time female salaried GP's. The nursing team consists of a full time female practice nurse with support from other practice nurses in the group where required. The practice provides 17 clinical sessions per week. The practice also employs a phlebotomist and health care assistant. The administrative team includes a part-time practice manager, a full time office manager and five reception staff, one secretary, and one administrative staff member. The practice team supporting all the Grafton Medical Partners practice sites also includes an IT support worker, a performance manager, an assistant practice manger, a practice administrator, a chief operating officer and a pharmacist. Patients were able to access a range of services offered across the three Grafton medical Partners sites in Wandsworth CCG, as well as at this practice in Lambeth.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs and provides teaching for medical students.

The practice reception and telephone lines are open from 8am to 8pm Monday to Wednesday, 8am to 7pm Thursday to Friday and 9am to 12.30pm on Saturday. Appointments are available between 8.30am and 11.30am every morning and 3pm and 7pm every afternoon. Extended hours surgeries are offered from 6.30pm to 8pm Monday to Thursday and 9am to 12.30pm on Saturday.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 May 2016.

During our visit we:

- Spoke with a range of staff including doctors, nurses, reception and administrative staff and spoke with 5 patients who used the service and one member of the Patient Participation Group (PPG).
- 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 a system in place for reporting and recording significant events, however this was not fully effective.

- The practice had an incident reporting procedure, which had recently been updated prior to the inspection. However on the day of inspection we identified that there were inconsistencies in the procedure followed; some staff were recording in a book and some were completing a form via the practice's shared computer drive.
- We found that some incidents that had occurred had not been reported as significant events or incidents.
- The practice carried out an analysis of the significant events, but they were not always recorded adequately.
- 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).
- There was some evidence that action was taken as a result of significant events to improve safety in the practice. Significant events from across all four Grafton Medical Partners practices were discussed in a weekly clinical meeting. Where relevant, actions were shared with non-clinical staff in staff meetings or informally.
- 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 the practice had received a safety alert from Public Health England, we saw evidence that this notification had been cascaded to all team members who signed and dated they had read and understood the alert.

### 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 level 3 and non-clinical staff to level 1.
- 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. A practice nurse from another Grafton Medical Partners practice was the infection control lead for all sites. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and supporting procedures in place which had been tailored to different staffing groups and we saw that staff had received up to date training. An infection control audit had been undertaken in April 2016 and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines 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 Clinical Commissioning Group (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. (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 or direction from a prescriber.
- Although a cold chain policy was in place, we found that arrangements for managing vaccines were not fully robust. We found a number of gaps in the recording of vaccine refrigerator temperatures over the last 12 months, of four periods of time up to two weeks when the practice nurse had been on leave. There was no system to ensure adequate vaccine management took place when the practice nurse was on leave; that temperatures had been checked and were within range. We were told that the temperatures may have been checked but not documented by another nurse.
- 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety risk assessment had not been undertaken however one had been booked to take place after the inspection. There was a health and safety policy

available. The practice did not have an up to date fire risk assessment, however we saw evidence that this had been booked to take place after the inspection. The practice carried out regular fire drills, however there was no information in reception on what to do in the event of a fire for patients. Fire equipment had been checked by an external company. Not all staff had received fire safety training.

- 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 control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).arrangements but no risk assessment in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### 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 had not received annual basic life support training, however all staff had been booked to attend training after the inspection. 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 was 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 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 risk assessments, audits and random sample checks of patient records.

From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates.

### 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 practice reported a high turnover of patients; at 20% of the practice population annually due to their transient population. The practice had put systems in place and tailored services to ensure the range of people's needs were met, so that their patients were monitored and provided with continuity of care as far as possible. The most recent published results were 96.4% of the total number of points available with 7.8% 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 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 78% of patients

had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%.

- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 100% which was above CCG average of 91% and national average of 90%.
- Performance for mental health related indicators was in line with the CCG and national averages for the number of patients who had received an annual review at 90%; compared with CCG average of 90% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 100% which was above the CCG average of 88% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit of blood testing and prescribing in patients on Azathioprine, a medicine commonly used to treat rheumatoid arthritis and lupus the practice had improved awareness amongst clinicians and developed the coding system to ensure an improvement in testing, checking results and communicating with the hospital specialist, to ensure on going safe prescribing.
- The practice had also conducted audits of patients with atrial fibrillation (an irregular heart rhythm) compared with best practice guidance, the practice had improved awareness amongst clinicians and developed a template to use on the practice computer system to improve monitoring of patients with atrial fibrillation. The audit demonstrated that management of these patients had improved.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Benchmarking data was discussed at monthly CCG and locality meetings attended by one of the partners and data was shared during weekly clinical meetings and



# Are services effective?

## (for example, treatment is effective)

management meetings. There was evidence that the practice were clearly engaged with the CCG and had a thorough awareness of their current performance and targets.

### 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. Induction checklists were always used for new staff.
- Most staff received update training that included: safeguarding, basic life support, infection control and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Not all staff had received update training in fire safety or basic life support, however we saw evidence that the practice had booked staff on basic life support training and fire training after the inspection.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. There was a wide skill mix amongst clinical staff.
- 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 accessing on line resources.
- 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. Not all salaried GP's had an appraisal within the last 12 months.

- The practice supported an educational environment. They were registered as a training practice for trainee GPs and provided teaching for medical students. All the GP partners were GP trainers.

### 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. The practice also held comprehensive referral management meetings weekly to ensure that they were monitoring all referrals effectively however, during the inspection we noted a referral had been made, but had not been received by the hospital, this was identified by their processes and rectified, after the two week period however a significant event was not recorded.

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, for example for patients on the palliative register and patients with mental health conditions. The practice also carried out weekly clinical meetings for all GPs and nursing staff, these were all minuted.

### 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.

# Are services effective?

(for example, treatment is effective)

- 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 and those with learning disabilities. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice nursing team. For 2014/15 six patients were referred and there was a 17% successful quit rate.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the Clinical Commissioning Group (CCG) average of 71% and 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 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.

Flu immunisation rate for those over 65s for 2014/15 was 69% which was in line with the national average. Flu immunisation rates for at risk groups was 41% for 2014/15 which was in line with the national average. 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 90% to 98% and five year olds from 88% to 100%.

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. The practice also provided health checks for patients with learning disabilities. For 2015/16, the practice had identified 5 patients on the learning disabilities register and all 5 had received an annual check, which was 100%. 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 24 patient Care Quality Commission comment cards and 18 were positive about the service experienced. Six were negative and related to difficulty in getting appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients and one member of the Patient Participation Group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 90% 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%.

- 94% 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%.
- 93% 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.

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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% 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%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that 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.
- The practice provided packs for specific patient groups including a new mother pack.

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

## Are services caring?

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 116 patients as carers (2.32% of the practice list). Written information was

available to direct carers to the various avenues of support available to them. The practice were actively trying to promote carer support by providing carers packs and promoting carers support via the practice newsletter.

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. For Example:

- The practice offered 'commuter slots' during extended hours from Monday to Thursday in the evening in addition to Saturday morning, to meet the needs of their working-age population who were not able to 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift installed to improve access for people in wheelchairs or parents with pushchairs.
- Joint injections and cryotherapy were provided at another Grafton Medical Partners practice, which patients from Grafton Square were able to access if required.
- The practice provided an anticoagulation monitoring service for practice patients.
- The practice provided
- The practice had a dedicated telephone line between 10am and 12pm named the 'Blue Star Line' for patients aged 75 and over or those on the practice's avoiding unplanned admissions register, to ensure swift access to appointments.
- The practice were able to refer to a local service for family planning treatment and information if family planning services were not accessible at one of the other Grafton Medical Partners practices.

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### Access to the service

The practice reception and telephone lines were open between 8am and 8pm Monday to Wednesday, 8am to 7pm Thursday to Friday and 9am to 12:30pm on Saturday. Appointments were available between 8.30am and 11.30am every morning and 3pm and 7pm every afternoon.

Extended hours surgeries were offered from 6.30pm to 8pm weekdays and every Saturday from 9am to 12:30pm. 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 comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours comparable to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 60% of patients describe their experience of making an appointment as good compared with a Clinical Commissioning Group (CCG) average of 71% and a national average of 73%.
- People told us on the day of the inspection that they were able to get appointments when they needed them, however sometimes it could take a few weeks.

### 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 information on the practice website and we saw a complaints leaflet.

## Are services responsive to people's needs? (for example, to feedback?)

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of

care. For example there had been two written complaints and one verbal, all of these complaints were well documented, acknowledged and satisfactorily handled, and there was openness and transparency with dealing with the complaint.

# 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, treat patients with dignity and respect and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice were able to articulate their strategy and business plans which reflected the vision and values and this was regularly discussed in partnership meetings.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a staffing structure and most staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice manager worked across four practice sites. Practice management responsibilities at this practice were divided between key staff and the practice manager monitored and co-ordinated these areas, although they only visited the practice once every two weeks.
- The four practices in the group worked closely, across two Clinical Commissioning Group (CCG) areas. Boundaries were not always defined between the two Clinical Commissioning Groups by the practice, for example, patients from both CCGs were discussed during multi-disciplinary and clinical meetings.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however the system for vaccine management was not robust. There was reliance on the practice nurse based at the site and the other team members were not clear about her duties in order to ensure risks were mitigated safely.
- There were systems in place for monitoring and recording staff training and maintaining personnel records, however we found some mandatory training had not been undertaken.
- Governance issues were discussed during structured weekly management meetings and comprehensive minutes were kept. The partners also discussed governance issues in a larger partnership meeting which involved the provider's other businesses.

### 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 the requirements of the duty of candour. The practice had implemented recent systems to ensure compliance with this and there was evidence from reviewing complaints and significant events that they understood their responsibilities in relation to this. (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). 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.

# Are services well-led?

Good 

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

- Staff told us that the practice they held weekly clinical meetings for clinical staff across the Graton Medical Partners sites, where learning was shared.
- The practice held site meetings for administrative and reception staff, however these were infrequent. We were told that the last staff meeting occurred in November 2015 and minutes from these lacked detail about what was discussed.
- 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.
- The partners provided significant clinical and educational leadership to salaried GPs, trainee GPs and medical students.
- 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.
- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG consisted of five members. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the PPG suggested that a suggestion box should be put in the practice so patients could make suggestions this was implemented by the practice.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had recognised the need to improve their phone system and is looking at investing into a system they manage themselves. The practice was also able to offer appointments for patients across any of their sites in order to improve access or specialist care. The practice had good facilities and was well equipped to treat patients and meet their needs. For example the practice had a special modified lift to facilitate wheelchair users or parents with pushchairs.

## 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.



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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <b>How the regulation was not being met:</b> Medicines management procedures were not robust to include recording of vaccine refrigerator temperatures every day that the practice is open. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.