

# Alexandra 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Alexandra Surgery on 1 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed, with the exception of robust medicines management processes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Data showed patient outcomes were mixed; either below, in line with or above average for the locality.
- Audits had been carried out with evidence that they were driving performance to improve patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked with the local Clinical Commissioning Group (CCG) to ensure practice services met patients' needs.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available for patients, but it did not contain enough detail about the complaints process. There was also limited information available relating to translation services, health conditions and support services available.
- Policies and procedures were accessible for staff and were updated annually to reflect changes in practice systems.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by management.

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on and they had a Patient Participation Group (PPG) although this had been less active over the last two years.

## **The areas where the provider should make improvement are:**

- Ensure that current medicines management procedures are robust, to include effective monitoring of the vaccine refrigerator temperatures and recording of emergency medicines checks.
- Ensure that the practice has a record of all assessed risks relating to health and safety of the premises including those for asbestos.
- Ensure visual and written information is available for patients in the waiting area, specifically relating to complaints, translation services, bereavement and carers support.
- Ensure that clinical meeting minutes contain comprehensive information and action points to be able to monitor patients effectively.
- Ensure that detailed minutes of partnership and governance meetings are kept.
- Work to improve patient satisfaction with reception services and further review how the practice can reduce the number of delayed appointments.
- Improve the use and effectiveness of the Patient Participation Group in gathering and implementing patient feedback.

**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



- 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 although it was not always clear if all actions were followed up.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed with the exception of robust medicines management procedures, however the practice took action immediately following the inspection to make improvements.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were mixed overall. Some outcomes were above, below or at average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff met with multidisciplinary teams on a three monthly basis to understand and meet the range and complexity of people's needs. The practice ran a number of other clinical meetings in order to monitor patient outcomes.
- The practice had effective systems in place to ensure patient information was co-ordinated and patients were monitored effectively.
- A range of health promotion and screening services were offered.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the practice above or in line with others for several aspects of care.
- Feedback from patients we spoke with and from completed comments cards received was consistently positive about the care and treatment provided by the GPs and nurses. However, some patients felt that reception staff were not friendly or approachable.
- All patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw that most staff treated patients with kindness and respect, however confidentiality was difficult to maintain at times in the waiting area due to limited space.
- Information for patients about the services available was easy to understand and accessible, however there was limited information regarding carers and bereavement support.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided a phlebotomy service two mornings a week.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. However, patients reported that appointments could be delayed.
- People were able to access extended hours appointments one morning and one evening per week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information for patients including translation service information, how to complain, support groups and organisations and health promotion information was not always available for patients.
- The practice responded quickly when complaints and issues were raised. Learning from complaints was shared with staff.

## Are services well-led?

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

Good



# Summary of findings

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients and the partners had discussed the strategy for the practice. However staff were not clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group had been less effective over the last two years.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population including avoiding unplanned admissions care plans and over 75s health checks with a health care assistant in the practice or at home for those who were housebound. The practice had offered health checks to 83% of identified patients.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below Clinical Commissioning Group (CCG) and national average, for example for those with atrial fibrillation and osteoporosis.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages at 69% for 2014/15. However, the practice had worked to promote uptake via the offering of flu clinics.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, specifically for patients with diabetes and respiratory conditions.
- Patients at risk of hospital admission were identified as a priority and were placed on the practice's avoiding unplanned admissions register.
- Those with two or more long-term conditions were also placed on a practice register. All these patients were eligible for a care plan.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and access to a structured annual review to check that their health and medication needs were being met.

# Summary of findings

- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Multidisciplinary meetings occurred every three months to discuss those patients nearing the end of life.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a winter children's emergency clinic in 2014 to reduce accident and emergency attendances.
- The practice offered a cryotherapy clinic for the removal of warts and verrucae and this was often used by children.
- The practice was able to refer to a local family planning service.
- The practice offered health promotion for this population group including chlamydia screening. The practice had robust systems for recalling in patients for cervical screening and childhood immunisations.

Good



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

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

- The needs of 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.
- Extended hours were offered one morning and one evening per week.
- The practice provided a phlebotomy service on site, two mornings per week.
- The practice was signed up to a local initiative to provide some tests in the practice to reduce the need for hospital visits, for example ECGs were completed by a health care assistant.
- The practice was proactive in offering online services for appointments and prescriptions as well as a full range of health promotion and screening that reflected the needs of this age group.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice had access to translation services for those with language barriers and hearing difficulties.
- The practice held a register of patients living in vulnerable circumstances including homeless people, housebound patients, vulnerable adults and children, carers and those with a learning disability.
- The practice accommodated particular vulnerable patients including homeless patients, victims of torture and drugs and alcohol users. Practice staff knew to prioritise these patients for pre-bookable and emergency appointments, they were also given longer appointments. If patients attended the practice late, they were treated as a priority to be seen.
- The practice offered longer appointments for people with a learning disability. It also provided annual health checks for people with a learning disability however only two out of 11 patients on the register, which was 18%, had received a review. The practice had worked to improve attendance by sending pre-booked appointments with a nurse and GP and worked with the learning disabilities link nurse by providing a list of those patients that had been invited in order to promote uptake.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice regularly worked with multi-disciplinary teams monthly in the case management of vulnerable people, and the practice held a clinical meeting monthly to discuss patients who had attended accident and emergency (A&E) to assist in identifying the most vulnerable patients who had frequent A&E attendances.

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

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

Good



- 89% of people experiencing poor mental health had received an annual physical health compared with Clinical Commissioning Group (CCG) average of 92% and national average of 88%.

# Summary of findings

- The number of patients with dementia who had received annual reviews was 77% which was lower than the CCG and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Meetings were held with local community mental health teams to discuss patients on the register.
- The practice was proactive in case finding and diagnosing dementia and had a small increased incidence of dementia over the past three months.
- The practice had some information available about support organisations for patients experiencing poor mental health, however access to information was limited.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. There were 428 survey forms distributed 118 forms were returned. This is a response rate of 27.6%.

- 89% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 79% and a national average of 85%.
- 80% find it easy to get through to this surgery by phone compared with a CCG average of 60% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 71% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 94% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.

- 76% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.
- 52% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 55% and a national average of 65%.
- 46% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were mainly positive about the standard of care received. All comments received were positive about the level of service provided by the GPs and nurses. We spoke with eight patients during the inspection and one member of the practice's Patient Participation Group (PPG). All patients said that they were happy with the care they received from GPs and nurses and thought that staff were committed and caring. However, some patients reported that reception staff were not always approachable or welcoming.

Comments cards received and patients we spoke with reported that it was easy to get appointments on the day, however when they attended the practice, appointments were frequently delayed. Some patients reported difficulty getting through on the telephone.

# Alexandra Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Alexandra Surgery

Alexandra Surgery provides primary medical services in Wimbledon to approximately 5500 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). The practice population is in the second least deprived decile in England.

The practice population has a lower than CCG average representation of income deprived children and older people. The practice population of children and older people are slightly below local and national averages and the practice population of those of working age are above local and national averages at 80%. Of patients registered with the practice, 79% are White or White British, 13% are Asian or Asian British and 2% are Black or Black British.

The practice operates from an adapted residential property. Most patient facilities are on the ground floor and are wheelchair accessible. The practice has access to three doctors' consultation rooms and one nurses' treatment room, with one consultation room on the first floor accessed via stairs. The practice team at the surgery is made up of one full time male lead GP who is a partner and one full time female GP who is a partner, one part time male salaried GP, two part time female practice nurses and two part time female health care assistants. The practice

team also consists of a practice manager, an assistant practice manager and three part time reception and administrative staff members. The total number of GP sessions per week was 19.

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 reception and telephone lines are open from 8am to 6.30pm on Tuesday, Thursday and Friday; from 8am to 7.30pm on Monday and from 7am to 6.30pm on Wednesday. Appointments are available between 8.30am and 12pm every morning and 3.30pm and 6pm every afternoon. Extended hours surgeries are offered from 6.30pm to 7.30pm on Monday and 7am to 8am on Wednesday.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Merton CCG.

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

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015. During our visit we:

- Spoke with a range of staff including three reception and administrative staff, the practice manager, two GPs, two nurses and we spoke with eight patients who used the service and one member of the practice's Patient Participation Group (PPG).
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 35 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- There was a significant event policy in place however this required updating to include the current practice process for reporting incidents and significant events and the requirements of the duty of candour.
- Not all staff that we spoke to knew if there was an incident reporting policy however staff were aware that all incidents were reported to the practice manager or lead GP who would document the incident on a significant event form.
- Significant events were documented and discussed in the monthly practice meetings or clinical meetings involving all staff.

We reviewed the significant event folder and three non-clinical significant events that had occurred over the previous year. There was evidence of lessons learnt and actions taken, however there was limited evidence to show that the suggested actions had been completed and reviewed. Staff confirmed that significant events were shared in staff meetings, for example staff were aware of a patient accident involving the electronic entrance door and to ensure that children were supervised in the reception area. A notice was also put up warning patients about the door. One clinical significant event had occurred a few days prior to the inspection which the GPs discussed with us and this was shared in a clinical meeting on the day of the inspection. The process for reporting clinical significant events was the same as for other types of incidents.

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

The practice had a system in place to review safety alerts sent to the practice but this required some adjustment. All alerts were sent to the generic email address for the practice and these were reviewed by the practice manager. Relevant alerts were kept and signed by staff, however alerts that were deemed as requiring no action or not relevant, were deleted.

### Overview of safety systems and processes

The practice had processes in place to keep people safe and safeguarded from abuse, however some areas lacked a clear system. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The practice had child and adult safeguarding policies in place. Staff were clear about their responsibilities, knew who the safeguarding leads within the surgery were and knew to contact these staff members if they had any safeguarding concerns. All GPs had completed child Safeguarding to level 3 and nurses to level 2. The health care assistant had not yet completed safeguarding training but was due to complete this shortly after the inspection and we were shown evidence that training had been booked. All non-clinical staff were trained to at least Safeguarding level 1, although not all staff were able to re-call their training received. GPs, a nurse and the practice manager had completed safeguarding adults training. The GPs always provided reports where necessary for safeguarding meetings for external agencies. The practice had clear systems for monitoring children at risk; they kept a register of those on the child protection register. They also kept a register of vulnerable adults who were at risk.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. Nursing staff acted as chaperones, they were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had clear systems for ensuring that curtains were washed every three months and the carpeted waiting area and upholstered chairs were steam cleaned annually or as required. One of the practice nurses was the infection control clinical lead. There was an infection control policy and supporting procedures in place and most staff had received up to date training from the infection control lead, relevant to their roles. GPs had not received training but this had been booked shortly after the inspection. Annual

## Are services safe?

infection control audits were undertaken, the last in January 2015 and we saw evidence that action was taken to address any improvements identified as a result.

- There were some arrangements for managing medicines, including emergency drugs and vaccinations in the practice (including obtaining, prescribing, handling and security), although the emergency medicines and vaccine recording and storage arrangements were not always robust. During the inspection we found that the vaccine refrigerator temperature records had a small number of gaps where the temperatures had not been recorded if the practice nurses were not working. The practice had had two instances in the last year where there had been an electricity failure and the cold chain policy was followed appropriately, but there were no assurances that the vaccines were stored at the correct temperature when this was not recorded. The practice conducted medicines reviews; identifying medications that may be inappropriate, monitoring prescribing and had regular discussions with staff to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed eight personnel files and found that appropriate recruitment checks had been undertaken prior to employment for the one newly recruited member of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice also had appropriate checks in place for long-standing members of staff, including identification, DBS checks, indemnity and professional registration.

### Monitoring risks to patients

The majority of risks to patients were assessed and managed adequately.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available but the last health and safety risk assessment had been carried out in 2013.

The practice had up to date fire risk assessments and carried out regular fire drills and fire alarm checks. Most staff had received fire training and we saw evidence that training had been booked for GPs.

- There was evidence that portable appliance testing had been carried out annually. All clinical equipment and fire safety equipment had been subject to calibration testing within the previous 12 months.
- The practice had a robust system for the control of substances hazardous to health (COSHH). There was a COSHH policy in place and a COSHH audit was undertaken yearly. The practice had a comprehensive list of data sheets for COSHH products.
- A legionella risk assessment had been completed in February 2015 by the practice. They undertook daily water checks which were recorded. Given the age of the building we asked to see an asbestos assessment for the premises. The practice did not have evidence of an asbestos risk assessment, however immediately following the inspection the landlord was contacted and agreed to arrange for this to take place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A regular locum GPs was used or the part time GP worked additional hours to ensure that an adequate number of sessions were offered. This meant that locum staff were familiar with the practice's systems and processes.

### Arrangements to deal with emergencies and major incidents

The practice had some 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 clinical and most non-clinical staff had received annual Basic Life Support Training within the last twelve months. One reception staff member had last received training in March 2014.
- The practice had a supply of emergency medicines available in one of the doctor's bags and in shock boxes in consultation rooms, although this did not align with where staff told us emergency medicines were kept. We found on the inspection day that the practice did not stock all the emergency medicines that they may have

## Are services safe?

required in an emergency, for example they did not have GTN spray, diazepam, benzylpenicillin or anti-sickness medicines. Although all medicines were checked monthly and they were in date, these checks were not logged. The day after the inspection, the practice had ordered a supply of the relevant emergency medicines and had set up a more robust process of storing and recording all emergency medicines and equipment checks.

- The practice did not have oxygen on the premises at the time of the inspection, but we were shown evidence this

had been ordered in November 2015. The practice had a defibrillator on site with defibrillator pads that could be used for both adults and children. There was also a first aid kit and accident book available.

- 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. The practice manager also kept a copy of this externally to the practice premises.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs had identified roles for leading in long-term conditions such as diabetes, dementia and Chronic Obstructive Pulmonary Disease (COPD). One of the practice nurses, assisted in leading on the diabetes clinic with the diabetes lead GP.

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 and care plans where relevant. Care plans we viewed included those for patients most at risk of admission to hospital, care plans for those with two or more long-term conditions and care plans to support patients over the age of 75s. There was evidence from all care plans we viewed that they were individualised and patient-centred.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice had achieved 87% for QOF in 2013/14. The most recent published results were 81.8% of the total number of points available, with 6.4% exception reporting. This was below the Clinical Commissioning Group (CCG) and national averages of 94.4% and 93.5% respectively. The practice

reported that they had experienced difficulties with exception reporting areas of QOF where they had no appropriate patients, which meant that the practice were scored as underachieving in those areas.

Data from 2014/15 showed:

- Performance for diabetes related indicators was below or in line with local and national averages. For example, 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 73% and the national average of 78%. The number of patients who had received an annual review for diabetes was 83% which was in line with the CCG average of 89% and national average of 88%. The practice reported they had a higher Asian population where control of diabetes was difficult due to lifestyle and dietary issues.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 0%, which was below national average of 93%. The practice reported they had no patients that were appropriate for this achievement.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 67%, which was below the national average of 98%.
- Performance for mental health related indicators was in line with the CCG and national averages; 89% of patients had received an annual review compared with CCG average of 92% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 77% which was lower than the CCG and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 83% which was below CCG average of 93% and national average of 90%.

The practice had also monitored patients on other practice registers and completed annual reviews, health checks and care plans for these patients.

For example:

- The practice had completed care plans for 105 most at risk patients on the avoiding unplanned admissions register, which was 1.9% of the practice population. The GPs reviewed all discharge letters and the practice

# Are services effective?

## (for example, treatment is effective)

called patients to book them in for either a face to face or telephone consultation. The practice manager audited accident and emergency (A&E) admissions monthly and we were shown comprehensive records to demonstrate this.

- Those with two or more long-term conditions were also placed on a practice register. All these patients were also eligible for a care plan.
- The practice were involved in a local CCG initiative to provide health checks for those over 75 and produce care plans for them. The practice had identified 118 patients on their register and 83% had been offered a health check.
- The practice manager monitored child A&E attendances and called parents to offer an appointment with a GP.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits undertaken in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- One of these audits was a medicines audit to ensure patients were taking safe combinations of blood pressure and cholesterol medicines. The first cycle identified 29 patients requiring a review of their medicines. The second audit cycle found that only two patients required a review, which demonstrated the practice had been prescribing in line with best practice guidance.
- The second completed audit was assessing the safety and effectiveness of the joint injection service provided by the practice. The re-audit found that success rates had improved as the practice had targeted intervention so that appropriate patients were being selected for joint injections. This reduced un-necessary injections for conditions which were unlikely to benefit from the intervention.

The practice frequently engaged in benchmarking against local and national performance. One of the partners was the CCG lead and attended monthly meetings where benchmarking data was discussed, such as referral rates. The practice were one of the best performing in the CCG area for referral rates and for accident and emergency attendances.

### Effective staffing

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

- The practice had an induction policy and folder and induction checklists were present in the newly recruited staff member's file. Non-clinical staff reported they had experienced a thorough induction programme that covered such topics as basic life support, safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Induction arrangements included training to use the practice computer systems effectively.
- Clinical and non-clinical staff received training that included: safeguarding children and adults, fire procedures, basic life support and information governance awareness. Clinical staff had training in the Mental Capacity Act 2005. Staff had access to and made use of e-learning training modules and in-house training.
- Role-specific update training for clinicians included training for diabetes, COPD, asthma, ear syringing, cervical screening and immunisations.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. The practice nurse attended the local practice nurse forum twice yearly to seek peer support.
- All staff had received appraisals annually. Practice nurses were appraised by GPs.

### 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. Information such as NHS patient information leaflets were also available.

# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring people to other services. A log of urgent referrals was kept.
- Sharing of information with out of hours services and accident and emergency was possible by use of an electronic care co-ordination system, which included advanced decisions for end of life care patients.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice had good systems in place to ensure that test results were dealt with quickly and thorough systems for dealing with correspondence received into the practice, using an electronic document handling system.

We saw evidence that multi-disciplinary team meetings with district nurses, social services and the palliative care team took place on a three monthly basis. The monthly meeting reviewed patients on the practice's palliative register. The non-clinical staff also attended this meeting, which they reported they found helped them be aware of patients who needed extra support. The practice also held a monthly clinical meeting which all staff attended and minutes of these meetings were kept. However, the minutes for both meetings did not detail all patients discussed and actions due in order to monitor these patients effectively. The clinicians also met a few times a week to discuss issues arising and complex patients but these meetings were not all formally recorded. The practice met with the local mental health team specialists to co-ordinate patient care, however these meetings were not formally documented.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, those over 75 and those with a learning disability. Patients were then signposted to the relevant service.
- A healthy lifestyle advisory service was available on the premises one weekly, which included obesity management, alcohol advice and smoking cessation advice. Clinicians also provided lifestyle advice opportunistically. The practice had performed in line with the local CCG average for their smoking cessation success rate, achieving 47% of their target.

The practice's uptake for the cervical screening programme was 83% for 2014/15, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to keep a register of all cervical cytology and results carried out by the practice nurses. The nurses offered telephone and letter reminders for patients who did not attend and alerts were put on the patient record. The practice had a system of using alerts on the children's records where appropriate, when the mother's screening was overdue. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and provided telephone reminders to non-attenders. Fifty nine per cent of patients had attended breast cancer screening for 2014/15.

Childhood immunisation rates for the vaccinations given were above or in line with CCG averages for 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 97% and five year olds from 75% to 91%. The practice monitored next vaccine due date by adding the child to the

## Are services effective?

(for example, treatment is effective)

register for the month due. At the end of each month the register was audited and the parents or guardians were contacted where appointments were missed. The practice had a system of using alerts on the mothers' and children's records when childhood vaccines were overdue.

Flu vaccination rates for the over 65s were 69% which was below national average of 73% and flu immunisation rates for at risk groups was 44% for 2014/15 which was in line with the national average. Patients with diabetes who had received the flu vaccination was at 86% for 2014/15 which was lower than the national average of 94%. The practice had worked to promote the uptake of flu immunisations by providing flu clinics and offering these opportunistically.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had completed two out of 11 annual health checks for their patients with a learning disability in 2014/15, which was 18%. The practice told us they had some severely affected patients with complex needs, so a full check was not always able to be completed. The practice had worked to improve attendance by sending pre-booked appointments with a nurse and GP and provided the learning disabilities link nurse with a list of those patients that had been invited.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- There was difficulty maintaining confidentiality in the waiting area due to limited space. The practice had put up a sign alerting patients about this and had started answering calls in a confidential office.
- We observed that some reception staff did not always deal with patients in a friendly manner.

All of the 35 patient CQC comment cards we received were positive about the service experienced from the GPs and nurses. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, patients felt that the reception staff were not always friendly and helpful.

We spoke with eight patients during the inspection and one member of the practice's Patient Participation Group (PPG). All patients said that they were happy with the care they received and thought that GPs and nurses were committed and caring. Patients reported to us that some reception staff were not friendly or approachable.

We also spoke with one member of the PPG. They also 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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 80% and a national average of 85%.

- 90% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 93% said the nurse was good at listening to them compared to the CCG average of 88% and national average of 91%.
- 94% said the nurse gave them enough time compared to the CCG average of 88% and national average of 92%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and national average of 97%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.

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

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

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

## Are services caring?

- 87% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 85%.

Staff told us that translation services were used for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients that this service was available.

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

Notices in the patient waiting room told patients how to access some support groups and organisations, including mental health support.

The practice had a carers register and 20% of the practice population had been identified as carers. We were told that alerts were used on the practice's electronic patient record if a patient was a carer, however the practice was in the process of ensuring the register of carers was up to date. Visual information was available to direct carers to the various avenues of support available to them and written information was available on request. Carers on the register were invited for flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and they were sent a letter of condolence. Families were able to get appointments at the practice where required. Advice on how to find a support service was also provided however there was no information about bereavement support available in the waiting area.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

One of the partners attended the local CCG meetings on a regular basis. The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, practice patients had access to the local healthy living advisory service that took place once a week in the surgery. The practice had taken part in a local CCG pilot initiative for Winter 2014/15 to provide improved emergency access to appointments for children, to reduce Accident and Emergency (A&E) attendances. The practice was also signed up to a local initiative to provide near patient testing, in order to reduce the need for patients to visit the hospital. This included the carrying out of electrocardiograms (ECGs) in the practice by the health care assistant, to monitor heart rhythm. The results were sent to a local cardiologist and reported on within 24 hours.

The practice were also signed up to the local enhanced service to provide health checks for the over 75 health, which were 30 minute appointments with health care assistant, either at the practice or in the patient's home. The health care assistant also provided a phlebotomy service two mornings a week, as part of a CCG initiative. The GPs also provided a phlebotomy service in addition to the CCG initiative, during their consultations. This suited more complex and vulnerable patients and promoted continuity of care.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered extended hours on Monday evening from 6.30pm to 7.30pm and Wednesday morning from 7am to 8am which suited working patients who could not attend during normal opening hours.
- Urgent access appointments were available daily with each GP for all children, older patients, those at risk of admission to hospital and those with serious medical conditions.
- Home visits were available for older patients and housebound patients who would benefit from these.

- There were longer appointments available for patients who needed extra support such as people requiring translation, people with dementia and those with a learning disability.
- The practice had a policy in place where they accommodated particular vulnerable patients including homeless patients, victims of torture and drugs and alcohol users. An alert was placed on the patient record indicating that they were vulnerable. Practice staff knew to prioritise these patients for pre-bookable and emergency appointments, they were also given longer appointments and if patients attended the practice late, they were treated as a priority to be seen.
- Staff told us that translation services were used for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available. A hearing loop was available in the practice.
- There were no patient information leaflets available about health conditions, health promotion or signposting patients onto appropriate services. The patient information notices did not include any information for those vulnerable patients who were victims of torture and those requiring drugs and alcohol support.
- The practice provided a weekly diabetic clinic run jointly by the practice nurse and a lead GP.
- One of the GPs provided a monthly cryotherapy clinic for removal of warts and verrucae which was widely used by children.
- The practice were able to signpost patients to a local family planning service which was situated near the practice.
- There were baby changing facilities and disabled facilities. One of the consulting rooms was on the first floor, which was not used if patients had restricted mobility. . The practice had access via a back entrance for those with mobility difficulties including wheelchair users.

### Access to the service

The practice was open from 8am to 6.30pm on Tuesday, Thursday and Friday; from 8am to 7.30pm on Monday and from 7am to 6.30pm on Wednesday. Appointments were available between 8.30am and 12pm every morning and 3.30pm and 6pm every afternoon. Extended hours surgeries were offered from 6.30pm to 7.30pm on Monday and 7am to 8am on Wednesday. In addition to

# Are services responsive to people's needs?

## (for example, to feedback?)

pre-bookable appointments that could be booked up to two weeks in advance for GPs and three months for nursing staff, same day appointments were also available for people that needed them. Emergency appointments were also provided where patients completed a form and were triaged by the GPs.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages:

- 81% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 75%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 73%.
- 79% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.
- 94% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 52% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 55% and a national average of 65%.
- 71% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.

People told us that they were able to get appointments when they needed them. A number of patients had used the emergency service and found this convenient, especially for children. However some patients told us that they were not sure how this worked and they were concerned that the forms they completed on arrival were triaged by reception staff. Patients reported that they could often get a pre-bookable appointment within one to two weeks with their choice of preferred GP, however patients

also reported that appointments were frequently delayed, with some reporting waits of up to 40 minutes. Concerns with delayed appointments were also reflected in comments cards that we received.

### Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The complaints policy had not been updated to reflect the requirements related to duty of candour when dealing with complaints, however the designated person who handled complaints in the practice was aware of their responsibilities in relation to this.
- We saw that some information was available to help patients understand the complaints system on the practice website and in the practice leaflet, however there was minimal information in the waiting area and patients had to ask reception staff for a complaints form when they wished to make a complaint.

There had been no complaints received in the last 12 months, however we viewed 15 complaints that had been received over the last nine years. We found that these were satisfactorily handled, dealt with in a timely way and there was openness and transparency when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the most recent complaint in 2014 was relating to a referral not being received by a local hospital and there was no audit trail to indicate if the referral was sent. The practice changed their system to ensure that all referrals were scanned onto the electronic record after being faxed.



# 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 vision to deliver high quality care and promote good outcomes for patients. Staff were aware of the aims of the practice but the vision and strategy had not been discussed in detail with them and they were not aware of the future plans for the practice. The partners discussed their strategy informally and had considered moving to more appropriate premises and to work in a more integrated way with other local practices, whilst maintaining the values of a small family practice. The practice did not have their vision and strategy formally documented in a business plan.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance structures and procedures in place included:

- 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 on the practice's shared drive or via paper copies for reception staff so policies could be accessed easily. All staff knew how to locate policies if they needed them. All policies we viewed had been updated annually by the practice manager and one of the partners on a log sheet, but they were not all individually dated with the most recent review.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had identified most risks to patient and staff safety such as infection control, however some systems such as those for medicines management were not fully robust. Systems for recording incidents and complaints were in place with evidence that systems had been improved as a result, but it was not always clear how the practice ensured actions were monitored.
- Systems for monitoring and recording staff training and personnel details were clear and robust.
- There was a comprehensive understanding of the performance of the practice. One of the partners attended Clinical Commissioning Group (CCG) meetings

where performance data was shared. This was discussed informally during clinical meetings and the two GP partners met with the practice manager every two months to discuss practice performance, governance and quality. However, minutes of these meetings were not kept in order to monitor actions.

- Clinical audits were used to monitor quality and to make improvements, by linking audits to practice performance.

### Leadership, openness and transparency

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

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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care, safe, compassionate care. The partnership was well-established and both partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt very supported by management.

- Staff told us that the practice held whole practice meetings every month but these did not always have a fixed agenda. Detailed minutes were kept of discussions during these meetings but it was not clear if actions from previous meetings had been followed up.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- All staff received annual appraisals and personal development plans.
- All staff attended the monthly clinical meeting and integrated meeting so that non-clinical staff were aware of the practice's most at risk patients and staff told us they valued the opportunity to attend these meetings as it assisted them in their work.

# Are services well-led?

Good 

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

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG of eight members which met three times a year. The last PPG survey had been carried out in 2013 looking at the out of hours services and information available for patients. As a result the practice had improved information available on the website about accessing out of hours services and they had set up a social network group to improving sharing of information. There was limited evidence that the PPG had been used effectively over the last two years. We spoke with a member of the PPG and practice staff and they told us there were no plans in place currently for another PPG survey and it was not clear what the objectives of the group were. The practice and PPG representative told us that they had had difficulty recruiting new members to the group. There was information about the next PPG meeting in the waiting area but no information about how to join the group in the practice and minimal information in the practice website.

- The practice were aware of patient feedback from the national GP patient survey published in July 2015 and had formulated an action plan following the results and implemented changes in the practice in relation to delayed appointments and waiting times. The practice commenced more telephone consultations to reduce the number of patients requiring the emergency triage service which impacted on appointment times. The practice had recently implemented this and were yet to review the impact of the new system.
- The practice gathered feedback from the NHS Friends and Family Test (FFT), compliments received and suggestions. There was a suggestion box available in the reception area.
- The practice had gathered feedback from staff

## Continuous improvement

There was a strong focus on continuous learning and improvement. The practice team were forward thinking to improve outcomes for patients in the area. For example, they had signed up to a number of local initiatives including near patient testing and phlebotomy in the practice to reduce the number of hospital visits for patients. The GPs also provided blood tests during consultations where indicated, to improve continuity of care for patients.