

# Wallington Family Practice

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Wallington Family Practice	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wallington Family Practice on 9 September 2016. 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.
- Risks to patients were assessed and well managed.
- 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.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- 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.
- 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.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# 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.

- 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.
- All older people had a named GP responsible for their care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) and national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%.

Good



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice registered family groups with the same GP for continuity of care.

## **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.
- 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.

Good



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

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.
- 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.

Good



## **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



# Summary of findings

- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty seven survey forms were distributed and one hundred and eleven were returned. This represented 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning group (CCG) average of 74% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and 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 CCG average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Comments included that staff were caring, polite, friendly and professional. Patients named individual GPs and Nurses, highlighting their contributions, and praised reception staff for being courteous, calm and helpful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recently available data showed that 97% of patients who participated in the NHS friends and family test would recommend the practice to a friend or family member.



# Wallington Family Practice

## 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 adviser and a practice manager specialist adviser.

## Background to Wallington Family Practice

Wallington Family Practice provides primary medical services in Wallington to approximately 15,000 patients and is one of 27 member practices in the NHS Sutton Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice population is in the third less deprived decile with income deprivation affecting children and adults lower than national averages. The practice clinical team consists of four GP partners; one full time and two part time female GP partners and one full time male GP partner. There are three male and one female part time salaried GPs and there are two full time GP registrars. The GPs together provide 75 clinical sessions per week. The nursing team is led by one full time female nurse team manager, four part time and one full time female practice nurses and one full time female Health Care Assistant (HCA). The non-clinical team is led by the practice manager, supported by a reception team leader, senior secretary and 14 reception, administrative and secretarial staff.

Wallington Family Practice operates from a purpose built health centre, shared with another GP Practice and local CCG services such as X-Ray and ultrasound facilities. The building is managed and maintained centrally. The practice utilises space on all three floors of the building. There is a shared reception waiting area on the ground floor with disabled access facilities, other patient facilities and clinical consulting and treatment rooms. There are two lifts each serving the first and second floors. The first floor has further consultation and treatment rooms, patient facilities and waiting areas. The second floor is used for staff facilities, meeting rooms, a library and practice management offices. There is limited parking available to the front of the health centre, parking is also available through local car parks and there are good transport links. The main reception area displays local bus and train times for patients. The property is wheelchair accessible with step free access throughout.

The practice opens between 8.00am and 6.30pm Monday to Friday. Appointments are available between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.00am and 6.30pm Monday to Friday. Extended hours are available on Wednesday evenings from 6.30pm to 7.30pm and Saturday mornings from 8.30am until 11.30 am for pre booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.00am, at weekends and bank holidays when the practice directs patients to seek assistance from the locally agreed out of hours provider.

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

The practice was previously inspected by CQC in November 2013 and met all required standards.

# 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 9 September 2016. During our visit we:

- Spoke with ten staff including GPs, nurses, the practice manager and administrative staff.
- Spoke with four patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 37 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice made a routine visit to the wrong patient after their details were mixed up with a patient with the same name. The practice apologised and immediately visited the right patient. The incident was recorded and investigated and the practice put in place measures to stop the same thing happening again. This included reminding staff to use more than one personal detail to identify a patient, and putting alerts on the clinical system for patients with similar names and dates of birth.

### 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 were trained to level 2 and non-clinical staff to level 1.

- A notice in the waiting room, clinical rooms, via screens in reception and through the practice website advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, wore badges to identify themselves as trained chaperones 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). We saw evidence that following recent formal chaperone training for a newly employed member of staff, the practice reviewed their chaperone policy to ensure it was fit for purpose.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice undertook annual infection control audits, and participated in local clinical commissioning group led audits, and we saw evidence that action was taken to address any improvements identified as a result. For example: the practice identified that some clinical rooms were cluttered, and that urine samples were being tested in sinks in clinical rooms. The practice discussed the findings and advised all clinical staff to ensure their rooms were not cluttered and that urine samples were only being disposed of in the dirty utility room.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

## Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. (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. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- The practice maintained a comprehensive up to date electronic record of staff recruitment and training records. We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, interview notes, relevant qualifications, registration with the appropriate professional body, insurance and professional indemnity records and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice, through the building management company, had up to date fire risk assessments, carried out weekly fire alarm tests and participated in regular fire evacuation drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice had a variety of other risk assessments in place

to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, staff were multi-skilled and were able to support colleagues during busy periods.

### 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 on all the computers, including in all the consultation and treatment rooms, which alerted staff to any emergency.
- There were also emergency buttons available in each of the treatment and consultation rooms and the reception area.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kits were available on each floor and an 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 emergency medicines were in line with current guidelines and the practice had risk assessed which emergency medicines were appropriate for the practice to store and which were not.
- 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, meetings and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, compared to the local clinical commissioning group (CCG) average of 94% and the national average of 95%) with an exception reporting rate of 6% compared to the CCG average of 7% and the national average of 9% (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 2014/2015 showed:

Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) and national average. For Example:

- 73% of patients last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less (CCG 74%, national 78%).
- 70% of patients last blood pressure reading measured 140/80mmHg or less (CCG 75%, national 78%).
- 92% of patients had been given an influenza vaccine (CCG 92%, national 94%).

- 77% of patients total cholesterol measured 5 mmol/l or less (CCG 77%, national 81%).

- 87% of patients had a record of a foot examination and risk classification (CCG 86%, national 88%).

Performance for mental health related indicators was comparable to CCG and national averages. For Example:

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record (CCG 87%, national 88%).
- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (CCG 89%, national 90%).
- 77% of patients diagnosed with dementia had a face to face care review (CCG 81%, national 84%).

There was evidence of quality improvement including clinical audit.

- There had been 17 clinical audits carried out in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.

Information about patients' outcomes was used to make improvements. For example:

- The practice audited their patients recorded as having Coeliac Disease to ensure patients were properly managed in line with local and national guidelines. The first audit cycle found that there was no formal review process for patients with Coeliac disease, that 13 of 29 patients (45%) who were reviewed did not have a recorded review of their height, weight, diet and lifestyle or symptoms, and that 48% were not assessed or being treated for, bone diseases. The practice discussed the results and implemented formal annual reviews for these patients, a new formal template for recording those reviews which included height, weight, diet and lifestyle and symptoms review, and agreed annual blood tests for this group of patients. The second audit cycle identified 30 patients and showed that 27 patients had attended for their review (90% compared to 45% in first audit cycle). Twenty four of these reviews were recorded using the new template and therefore had

# Are services effective?

## (for example, treatment is effective)

height, weight, diet and lifestyle and symptoms recorded as reviewed. There was an increase of 5% of patients undergoing review for bone disease or being treated. The practice identified actions for continuing annual audits including improving bone disease testing, recall of patients for review and adding vitamin D testing as part of annual blood tests for patients with Coeliac disease.

- The practice carried out an audit to ensure patients with gout were being managed effectively in line with guidelines. Following the first audit cycle, the practice put in place measures to improve performance including discussing the results with all clinicians, raising awareness of the guidelines including providing laminated copies for clinicians, better recording of reviews and responses to previous treatments, arranging regular follow up appointments instead of relying on the patient to return when their condition deteriorates. The second audit cycle showed that the guidelines had been adopted for more patients. For example, 70% of patients had specific blood tests required post gout exacerbation compared to 28% in the first cycle. This led to an increase in patients being prescribed the right medicine in the right timescale to help treat the condition (82% compared to 41%) and reduced the number of increases in doses of medicines from 67% to 0%. The practice also noted an increase from 44% to 52% of patients being offered a follow up appointment. The practice showed us planned audits which included monitoring and improving performance for this group of patients.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, there was a nurse lead for patients with long-term conditions such as diabetes and chronic obstructive pulmonary disease (COPD) and we saw that other staff had also received specialist training such as spirometry for identifying and monitoring respiratory diseases such as asthma and COPD.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits and the practice had identified areas for improvement and made improvements in consent for minor surgical procedures.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and diet and lifestyle advice were available on the premises with further advice available from local support services.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 93% (CCG 82% to 92%) and five year olds from 80% to 92% (CCG 78% to 92%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. For example, an elderly patient arrived at the health centre in distress at being sent between services in the building, including another GP practice. Wallington family practice staff took the patient to one side and resolved the issue calmly and quickly, escorting the patient back to the other GP practice in the building, where the patient was registered, and ensured the patient was properly booked in for their appointment.

- 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. This service was also advertised in reception for patients.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.



## Are services caring?

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

- Staff told us that telephone and face to face 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 and the practice leaflet had been printed in large print.
- The practice PPG had engaged the services of a visual impairment consultant who suggested improvements for the practice to consider. The practice changed some signage and information to colours and fonts suitable for visually impaired patients.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 352 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and the practice offered longer appointments, annual health reviews and influenza vaccinations to these patients.

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 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, in response to patient feedback and practice evaluation of access and patient demand, the practice introduced a 'sit and wait' clinic each weekday between 9.00am and 10.30am Monday to Friday for patients requesting urgent, same day appointments. The practice monitored the performance of the clinic and had seen a reduction in patients booking into the practice emergency telephone advice service, a reduction in patients attending the service more than three times in a month, an increase in the number of routine appointments available with GPs and Nurses, and a reduction in the number of patients not arriving for pre booked appointments.

- The practice offered extended hours on a Wednesday evening until 7.30pm and Saturday mornings between 8.30am and 11.30 am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation as well as a 'sit and wait' service.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered weekly drop in contraception clinics and a weekly mother and baby clinic.
- The practice offered a twice weekly anticoagulation clinic for patients requiring this service, reducing the need for hospital attendance.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available between these same times. Extended hours appointments were

offered on Wednesday evenings until 7.30pm and every Saturday morning between 8.30am and 11.30am. 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.

- 73% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The patient or carer would call the practice requesting a home visit. Reception staff would use a bespoke form created by the practice in their clinical computer system to record specific information about the request. This request was then flagged to the duty GP for action. The duty GP would telephone the patient or carer in advance to gather further information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice 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.

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

- We saw that information was available to help patients understand the complaints system including information at reception, via the practice website and through the practice leaflet.

We looked at 16 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. 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:

- The practice received a complaint after a patient was denied a repeat prescription as they had not attended a medication review. The practice reviewed the incident and found that the practice policy had been followed, but that the policy should be updated to include measures for patients in need of medication who had not attended for review. The practice apologised to the patient, explaining their prescribing policy, and the changes that had been made as a result of 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 and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- 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 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.
- A comprehensive understanding of the performance of the practice was maintained, demonstrated through the practice performance dashboard which the practice used to monitor and improve services. The dashboard was available to all and was regularly updated and reviewed at practice meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice risk register included internal and external risk factors and mitigations and was regularly reviewed at practice meetings.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, had developed a patient survey and submitted proposals for improvements to the practice management team. For example, the PPG worked with a

# Are services well-led?

Good 

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

consultant representative for people with visual impairment to assess the practice and suggest improvements. As a result the practice have changed some signage and information to be presented in higher contrast colours and fonts making them easier for patients to see and read. The practice had referred other suggestions to the building management company such as painting contrasting colours on pillars. The PPG also

suggested improvements for privacy including turning seating away from the reception desks, and marking the floor with a privacy line for patients to stand behind before being called forward.

- The practice had gathered feedback from staff through staff surveys, 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.