

Thornton Road Surgery

Quality Report

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Date of inspection visit: 27 July 2016

Date of publication: 18/11/2016

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 on 27 July 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 taken several steps to improve their care for people with long term conditions such as medicines synchronization, increased support for patients with diabetes and a robust system of recalling these patients for health checks and medicine reviews.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a strong culture of learning and development, with a structured coaching programme in place.
- 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.

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.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable or above average compared to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice had recently employed a pharmacist to lead on prescription management, medicines reviews for patients with long term conditions, and to respond to queries from patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

- The practice had a protocol in place for families who had suffered bereavement, which included a letter of condolence. The practice would discuss patient deaths at clinical meetings, and GPs were given guidance and information about making telephone calls to these families, how to identify people who may need additional support, and local support services that were available.
- Information for patients about the services available was easy to understand and accessible.
- The practice had sent a text message to 7036 patients to encourage them to register as carers, and published information on their website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice used the CCG benchmarking to improve their online access to services, and participation in a pilot of “asset based community development”, funded by the local CCG, which helped patients to access local community and health centres, legal advice and social support.
- 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.
- Patient's satisfaction with how they could access care and treatment was in line with local and national averages.
- 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.
- The practice had identified a high proportion of West African and southeast Asian patients in the practice population, and had recruited a multilingual staff team to assist these patients.
- The practice used an online messaging system for patients to raise non urgent queries directly with their GP, who would respond within 48 hours.

Good



Summary of findings

Are services well-led?

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

Good



- 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.
- The practice had a strong culture of learning and development, with a structured coaching programme in place.
- The practice had achieved the Royal College of General Practitioners' Quality Practice Award in 2014.
- 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, and suggestions for changes and improvements were taken up.

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 requests for home visits were passed to a doctor for assessment and a follow up telephone call.

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.
- Patients with long term conditions and complex health needs were invited to the practice by the practice pharmacist, to review their medicines and synchronize their prescriptions. This reduced the number of times these patients would need to contact the practice for repeat prescriptions, and helped the practice identify patients who were not adhering to prescriptions.
- The practice had begun a recall centralization pilot which used practice data to identify batches of patients who had particular conditions such as diabetes or hypertension. These batches of patients were recalled to the practice for a full range of health and medicine reviews as appropriate.
- The practice was above local and national averages for its clinical performance for patients with diabetes.
- The practice had assigned additional clinical staff to their diabetes clinic due to a high local prevalence of this condition.
- Longer appointments and home visits were available when needed and information about this was on display in the reception area.
- 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



Summary of findings

Families, children and young people

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

Good



- 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.
- The practice used a protocol for children who did not attend for appointments, which was designed to ensure families are contacted by text message in these instances, and the healthcare assistant would follow up to make contact. If a child repeatedly missed appointments they would be discussed at clinical meetings.
- 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 85%, which was comparable to the CCG average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- 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.
- The practice was among the highest performing in its local area for uptake of online services.

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



Summary of findings

- 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 of up to 40 minutes 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.
- The practice had identified a number of Sri Lankan patients who had been victims of torture during the Sri Lankan civil war. These patients were either directly referred to, or put in contact with a charitable organisation that helped victims of torture.

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).

- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the CCG average of 85% and the national average of 84%.
- Performance for mental health related indicators were above CCG and national averages.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three-hundred and seventy survey forms were distributed and 111 were returned. This represented 1.5% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Of the 21 cards we received, 15 were positive about the service experienced, two were negative and four were mixed. Patients generally said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, all of the mixed and negative comments referred to difficulties getting an appointment.

We spoke with 15 patients during the inspection. Thirteen patients said they were satisfied with the care they received and thought staff were approachable, committed and caring although two were critical of the attitude of the clinical and reception staff and five said they sometimes found it difficult to get an appointment. In the latest NHS friends and family test 88% of 99 patients said they would recommend this practice to their friends and family.

Thornton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser and an expert by experience.

Background to Thornton Road Surgery

Thornton Road Surgery is a medium sized practice based in Croydon. The practice list size is 7722. The practice population is very diverse. The practice is in an area in London of medium deprivation. There is a higher than average percentage of working age patients (aged 25-40) and also a higher than average number of unemployed patients. The practice had a Primary Medical Services (PMS) contract.

The practice facilities include seven consulting rooms, two treatment rooms, one patient waiting room and administration offices. The premises are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet and hearing loop.

The staff team comprises five salaried GPs (three male and two female) and one locum GP providing a total of 31 GP sessions per week. There are two female practice nurses, a female associate practitioner, a practice manager and an assistant practice manager. Other practice staff include a reception manager, five receptionists (four female and one male) and three administrators.

The practice is open between 8am and 6.30pm on Monday, Wednesday and Friday; between 8am and 8pm on Tuesday and Thursday and on Saturday between 9am and 1pm. Appointments are available between 9am and 12noon and

between 3pm and 6pm Monday to Friday, with extended hours on Tuesday and Thursday until 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments, home visits and telephone consultations were also available for people that needed them.

When the practice is closed patients are directed (through a recorded message on the practice answer phone) to call the local out of hours provider, or go to the nearby minor injuries units which are open from 2pm to 8pm every day, and the nearby walk-in centre which is open from 8am to 8pm every day. This information is also available on their website.

The practice is registered as an organisation with the Care Quality Commission (CQC) to provide the regulated activities of; treatment of disease, disorder and injury; diagnostic and screening procedures and maternity and midwifery services.

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.

The practice was last inspected on 29 October 2013 and found to be meeting all CQC regulations in place at that time.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2016. During our visit we:

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

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had identified 10 significant events in the last year, these were discussed at clinical meetings and learning points were shared with relevant groups of staff.
- 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. For example, after a GP changed a patient's prescribed medication without discussion or agreement with them, the patient was contacted with an apology and the incident was discussed with the rest of the clinical team.

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.

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. Vulnerable patients and safeguarding concerns were routinely discussed at clinical meetings. GPs were trained to child protection level 3, nurses were trained to level 2 and reception staff to level 1. All staff had received training in adult safeguarding to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The chaperone protocol was discussed at practice team meetings.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The clinical rooms did not have coved flooring (a type of flooring that provides a continuous surface between the floor and the wall); the practice told us that this was due to be installed.

The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence from the most recent audit in June 2016 that action was taken to address any improvements identified.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Staff members who acted as fire officers had not had formal training for this, although evidence was seen that this training had been arranged.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 100% of the total number of points available, with an exception reporting rate 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 above local and national averages. For example, 85% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The practice had an exception reporting rate of 17% for this indicator, compared to the CCG average rate of 9% and the national average of 12%. The practice demonstrated that those patients they had excepted had been repeatedly contacted and were unable to attend a review meeting.
- The number of patients who had received an annual review for diabetes was 93% compared to the CCG average of 87% and the national average of 88%.

- Performance for mental health related indicators were above CCG and national averages. For example, 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 85% and the national average of 88%.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the CCG average of 85% and the national average of 84%.

The practice had begun a recall centralization pilot which used practice data to identify batches of patients who had particular conditions such as diabetes or hypertension. These batches of patients were recalled to the practice for health and medicine reviews as appropriate. The practice also assigned additional clinical support to diabetes clinics due to a high local prevalence of this condition.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, both of these were completed audits where changes were implemented and monitored. The practice pharmacist had also carried out prescribing audits, the nurse had carried out a hand washing audit and one of the GPs had carried out an audit of consultation times.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice had carried out an audit of cancer pick-up rates, using the local Clinical Commissioning Group (CCG) target as a benchmark. After the first cycle of the audit the practice invited a local health professional engagement facilitator and a local GP cancer specialist to the practice and discuss improvements with the GPs. The practice also encouraged GPs to use the provider's own guidance for making referrals. This was an ongoing audit and there had not been sufficient referrals made during the first two cycles of the audit to determine if improvements had been made.
- Findings were used by the practice to improve services. For example the practice completed an audit of the number of eligible patients who had received NHS

Are services effective?

(for example, treatment is effective)

Health Checks. The number of health checks carried out increased from 4 to 178 between the first and second cycles. The second cycle of the audit was also used to create a register of patients with a body mass index over 30; these patients were offered additional support and referral to a weight management scheme.

- Monthly prescribing audits were carried out and shared with the local CCG.

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, in the last year the health care assistant at the practice had been trained to administer vaccines and the nurse had received training updates for diabetes, asthma, wound care, family planning and cervical smears.
- 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 practice nurses attended a local practice nurse forum on a bimonthly basis.
- The practice had recently employed a pharmacist to lead on prescription management, medicine reviews for patients with long term conditions, and to respond to queries from patients. The pharmacist had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this role.
- 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, 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.
- Clinical staff had received training in the identification and mandatory reporting of FGM as a safeguarding issue.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice kept a quarterly log of urgent referrals, including when the referral was made and when the next appointment had been booked for the patient.
- The practice had participated in a pilot of "asset based community development", funded by the local clinical commissioning group, which helped patients to access local community and health centres, legal advice and social support.
- The practice used the NHS "coordinate my care" service to prepare urgent care plans for palliative care patients, which were electronically stored and shared with other providers involved with end of life care.

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

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- 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.
- Multidisciplinary team meetings were held for patients receiving end of life care, and personalized care plans were seen for these patients.

The practice's uptake for the cervical screening programme was 85%, 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to, or below, CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 91% compared to the CCG averages of 85% to 93% and five year olds from 45% to 85%, compared to the CCG averages of 69% 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.

- 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.

Of the 21 patient Care Quality Commission comment cards we received 15 were positive about the service experienced, two were negative and four were mixed. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, but five said they sometimes found it difficult getting an appointment.

We spoke with 15 patients during the inspection. Thirteen patients said they were satisfied with the care they received and thought staff were approachable, committed and caring although two were critical of the attitude of the clinical and reception staff and five said they sometimes found it difficult to get an appointment. In the latest NHS friends and family test 88% of 99 patients said they would recommend this practice to their friends and family.

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Reception staff at the practice had recently received training in good customer service.

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 above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.

Are services caring?

- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 81 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice sent a text message to 7036 patients to encourage them to register as carers, and published information on their website. The practice had arranged a carers day which was due to take place on 14 September 2016, and patients who were carers had been contacted to ask the information or support they would like on the day.

The practice had a protocol in place for families who had suffered bereavement, which included a letter of condolence. The practice would discuss patient deaths at clinical meetings, and GPs were given guidance and information about making telephone calls to these families, how to identify people who may need additional support, and local support services that were available.

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.

- Appointments are available between 9am and 12 noon and between 3pm and 6pm Monday to Friday, with extended hours on Tuesday and Thursday until 8pm. The practice opened between 9am and 1pm on Saturday.
- There were longer appointments available for patients with a learning disability.
- There was a sign in the practice waiting area informing patients that longer appointments were available on request.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Information about ordering repeat prescriptions was available on the practice website in English and Tamil.
- The practice responded to comments and complaints left on the NHS Choices website.
- The practice had identified a high proportion of Sri Lankan and other Southeast Asian patients in the practice population and had recruited staff who spoke Tamil and Malay.
- Patients with long term conditions and complex health needs were invited to the practice by the practice pharmacist to review their medicine and synchronize their prescriptions. This reduced the number of times these patients would need to contact the practice for repeat prescriptions, and helped the practice identify patients who were not adhering to their medicine regimes.

- The practice used an online messaging system for patients to raise non urgent queries directly with their GP, who would respond within 48 hours.
- The practice had identified a number of Sri Lankan patients who had been victims of torture during the Sri Lankan civil war. These patients were either directly referred to, or put in contact with a charitable organisation that helped victims of torture.

Access to the service

The practice is open between 8am and 6.30pm on Monday, Wednesday and Friday; between 8am and 8pm on Tuesday and Thursday and on Saturday between 9am and 1pm. Appointments are available between 9am and 12 noon and between 3pm and 6pm Monday to Friday, with extended hours on Tuesday and Thursday until 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations 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 above local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% 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.

All requests for a home visit were passed to a GP for assessment and reception staff were instructed never to refuse a request for a home visit without consulting with a GP. 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

Are services responsive to people's needs?

(for example, to feedback?)

responsibilities when managing requests for home visits. The practice had introduced a buddy system for home visits, which required the GP to contact their buddy when they arrive at the patients' residence.

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. The practice used a complaint plan template when contacting a patient to determine the nature of the complaint and the desired outcome.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a complaints leaflet and information on display in the reception and waiting area.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency with dealing with the complaint. For example two of the complaints about patient care were acknowledged with an apology from the doctor, and both were discussed at staff meetings.

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.
- The practice kept a daily log of tasks to be completed by administrative staff, and a list of clinical and management leads on the wall. Waiting times for GPs to conduct telephone consultations were discussed in performance reviews.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice used document management software to ensure medical correspondence was efficiently dealt with. Staff were clear about their responsibilities to ensure this happened.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

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

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

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

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

- Staff told us 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. We noted team away days were held at least every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice used a structured coaching programme through which staff could identify and track development objectives, this was also used to help staff to take up new roles and additional responsibilities. Two receptionists at the practice had been supported to develop into the role of health care assistant and assistant practice manager respectively.
- GPs at the practice were encouraged to develop into leadership roles and to engage with the local clinical commissioning group and other practices in the area.

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 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 their own terms of reference, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG told us they aim to achieve a gold standard for patient participation. Following advice from the PPG the practice had introduced a daily priority list for GPs to assess requests for telephone triage and home visit. In addition the practice increased the number of administrative staff taking telephone calls in the morning to reduce the burden on reception staff and reduce response times for patients.
- The practice had conducted its own survey of patient satisfaction which received 126 responses. In response

to the survey the practice re-covered the seating in the waiting area, recruited an additional receptionist and increased its use of telephone triage. The results were shared with the PPG.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. An example of this was the revision of the practice policy for managing repeat prescriptions which was undertaken following staff and patient feedback. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had achieved the Royal College of GPs Quality Practice Award in 2014.