

# The Fulham Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Fulham Medical Centre on 3 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients who used services were assessed and managed. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were some deficiencies in the arrangements for infection control, accessibility of emergency equipment and the management of prescriptions; and there were shortcomings in the practice's recruitment processes.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure patients are fully protected against the risks associated with the recruitment of staff; in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded in staff records.

In addition, the areas where the provider should make improvements are:

- Put in place formal annual infection control audits.
- Review the key holder arrangements to ensure emergency medicines are readily accessible at all times.
- Ensure a record of prescription pads batch numbers is kept to maintain prescription security.
- Display information in the patient waiting area about: how to complain; and the practice's mission statement.
- Continue to pursue ongoing action to improve telephone access to appointments.
- Undertake and document a risk assessment of the need to provide an AED.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. Although, practice and partner meetings noted that significant events were discussed, only brief details were recorded about the event.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was an infection control protocol in place and staff had received up to date training. The practice monitored infection control informally on a day to day basis but no formal annual infection control audits were undertaken.
- The key to the locked room where the emergency medicines were kept was held in person by the nurse or health care assistant and meant that they were not as readily accessible to other staff as they could be.
- Prescription pads were securely stored and there were systems in place to monitor their use. However, no record was kept of serial numbers of batch numbers to ensure full monitoring.
- There were recruitment policies and procedures in place including arrangements for pre-employment checks. However, we found that no references had been taken up for two recently appointed temporary administrative staff and although their roles did not require a DBS check there was no documented risk assessment of this.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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.

**Good**



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. For example, from January 2016 the practice would be providing a weekly drop-in clinic with a health visitor for babies and children for support and advice.
- 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. Some patients we spoke with said they found it difficult to get through to the practice by telephone to access appointments. The practice recognised these difficulties from a patient survey it had conducted in 2015 and had put an action plan in place to address this.
- 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, although there were no notices on display at the practice advising patients about how to raise concerns or complaints. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders, although only brief details of the discussion of complaints was recorded in meeting minutes.

# 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 this. However, there was no information about this on display for patients at the practice
- 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 not fully aware of the requirements of the Duty of Candour when we initially raised this but took steps to familiarise themselves with this during the inspection. The partners nevertheless complied with these requirements and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Flu and shingles vaccinations were provided to older people in at-risk groups.
- Risk assessments were used to identify patients most at risk of hospital admission. All high risk patients were offered a screen and care plan to keep at home. All care plans were reviewed at least annually, or more frequently if required.
- Older patients were referred to the local older persons rapid access clinic (OPRAC) team to help manage their care in their own homes.
- Patients at risk of admission were referred to the Community Independent Service (CIS) so that services could treat them at home and help keep them out of hospital. Patients who were suitable for referral to a 'virtual ward' were discussed at weekly practice meetings to prevent admissions.

### People with long term conditions

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

Good



- The practice performance for all QOF indicators for long-term conditions was above average.
- The practice pro-actively identified patients who were at a high risk of diabetes and reviewed their records. New diabetics had been identified as a result.
- Longer appointments and home visits were available when needed.
- All these patients had care plans and a structured review, at least annually to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Regular care meetings were held for patients receiving palliative care.
- Flu vaccinations were offered to all eligible and at risk patients.

# 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 comparable to CCG averages for standard childhood immunisations.
- 76% of patients diagnosed with asthma, on the register, have had an asthma review in the last 12 months. This was above both the CCG and National Average.
- The practice's uptake for cervical screening was above the CCG average and just below the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies. From January 2016 the practice would be offering a weekly drop-in clinic with a Health Visitor for babies and children for support and advice.
- Antenatal care was delivered in the surgery at a time of the expectant mother's preference.
- 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. For example, early morning Commuter clinic appointments and daily telephone consultations for patients unable to come in to the surgery.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Last year the practice surpassed the CCG target for NHS health checks to all eligible patients aged 40-74.
- Services included advice on smoking cessation, sexual health, and weight loss
- Flu vaccinations were offered to all eligible patients including running a 'flu Saturday' for working age people.
- The practice provided in house alternative therapies including acupuncture and osteopathy which we were told were very popular.



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients with a learning disability and were actively seeking to identify homeless people and offer them a GP service.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Specialist GP services were offered to an on-site charity who housed war veterans and there were regular meetings with the charity's support workers. The practice had helped develop a new service funded by the charity to help with nursing needs for veterans.
- Carers were identified and supported and the practice informed vulnerable patients and carers about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

Good



- 67% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average. Regular audits work and screening for dementia had increased the diagnosis rate.
- The practice's QOF performance for mental health related indicators was above both the CCG and national average. Patients with positive results were referred to the Memory Clinic.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. There was a weekly review with the practice's primary care support worker.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. Proactive mental health reviews were offered.
- The practice was implementing an action plan following a dementia inspection undertaken in 2015. All staff were in the process of becoming dementia friends.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was in most respects performing in line with local and national averages. 425 survey forms were distributed and 94 were returned, a response rate of 22%. This represented about 1.3% of the practice's patient list.

- 61% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%,

national average 78%). As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards, the majority of which were positive about the standard of care received. 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 13 patients during the inspection. The majority said they were happy with the care they received and thought staff were approachable, committed and caring. In the latest (November 2015) NHS friends and family test, 14 of the 20 respondents (70%) said they were extremely likely or likely to recommend the practice. The action plan from this included discussion of the results with the PPG, ways to improve online responses; increasing appointments with one GP to increase continuity of care and continuation of action already in hand to improve the telephone system.

# The Fulham Medical Centre

## 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, a second CQC inspector and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

## Background to The Fulham Medical Centre

The Fulham Medical Centre provides primary medical services at the Chelsea Practice through a General Medical Services (GMS), contract to around 7,000 patients living in the Chelsea area within the London Borough of Kensington and Chelsea in West London. The services are provided from a single location within premises run by the Sir Oswald Stoll Foundation, and the practice is part of NHS West London Clinical Commissioning Group. The practice has a predominantly white patient population. There are higher than national average patients in the 25-39 age groups.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

At the time of our inspection, there were 3.6 whole time equivalent (WTE) GPs comprising two partners (one male, one female) and two salaried GPs (one male, one female), providing 29 GP session per week. The practice also employed a practice manager, a part-time practice nurse (0.7 WTE), a part time health care assistant (0.8 WTE) an officer manager (1 WTE) and three reception staff (2.2 WTE).

The practice is open between 8:30am and 5:30pm Monday, Wednesday and Friday; 8:30am to 12:30pm and 2:30pm to 5:30pm Tuesday; and 8:30am to 1:00pm Friday.

Appointments are from 8:30am to 12:00 noon and 3:00pm to 5:10pm Monday, Tuesday, Wednesday and Friday; and 8:30am to 12:00 noon Thursday. Early morning 'commuter clinic' appointments are available between 6:45am to 8:00am on Tuesdays and Wednesdays. In addition to pre-bookable appointments that can be booked a week in advance, urgent appointments are also available for people that need them. If patients wish to speak to a doctor there is a telephone advice slot each morning after surgery.

There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call. Patients are also provided with details on a number of local GP practices where patients could walk in or book a same day appointment between 9am and 4pm on Saturday and Sunday.

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## Why we carried out this inspection

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

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

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We liaised with NHS West London (Kensington and Chelsea, Queen's Park and Paddington) Clinical Commissioning Group (CCG), local Healthwatch and NHS England.

We carried out an announced visit on 3 December 2015. During our visit we:

- Spoke with a range of staff (the two partner GPs, a salaried GP, the practice nurse, the healthcare assistant, the practice manager, office manager and reception staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

## Detailed findings

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was referred to hospital for an urgent outpatients appointment but the hospital did not schedule the appointment as requested. The hospital apologised for this omission and the practice took steps to ensure patients informed them if they did not hear about outpatient appointments from hospitals. We saw that learning outcomes and specific actions were identified in the significant event review form. Practice and partner meetings noted that significant events were discussed, and brief details were recorded about the event.

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

### 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 that reflected relevant legislation and local requirements and 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. Staff also had ready access to separate contact lists. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We saw practice meeting minutes where safeguarding

cases were discussed, and understanding of policies and procedures was reviewed, for example through the consideration of case scenarios. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice 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 monitored infection control informally on a day to day basis but no formal annual infection control audits were undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. However, no record was kept of serial numbers of batch numbers to ensure full monitoring. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment for permanent staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring

# Are services safe?

Service DBS). However, we found that no references had been taken up for two recently appointed temporary administrative staff and although their roles did not require a DBS check there was no documented risk assessment of this.

- There were 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.

## 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 periodic fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw up to date certificates for this. There were a variety of other risk assessments in place to monitor safety of the premises such as those organised by the cleaning contractor for the 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 that enough staff were on duty. The practice also made use of an on line workforce planning tool to determine staffing levels.

## 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. There was also CCTV in the reception area to provide additional security to staff and patients.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had oxygen available on the premises with adult and children's masks. A first aid kit and accident book were available. There was no defibrillator available as encouraged by the National Resuscitation Council. There was no documented risk assessment for not having this equipment.
- Emergency medicines were stored in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The key to the locked room where the medicines were kept was held in person by the nurse or health care assistant and meant that they were not as readily accessible to other staff as they could be. The practice undertook to address this immediately.
- 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 and details of 'buddy' practices to whom the practice could turn to for support in the event of service disruption.



# 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 people's needs. We saw minutes of meetings where new guidelines were discussed.
- The practice monitored that these guidelines were followed through risk assessments and audits. We saw, for example, an antibiotics audit which showed improvement in prescribing of these medicines.

### 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 99.6% of the total number of points available, with 7.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the CCG and national average: 97.7% compared to 79.8% and 89.2% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average: 84.3% compared to 77.1% and 80.4% respectively.
- Performance for mental health related indicators was above the CCG and national average: 100% compared to 85.7% and 92.8% respectively.

The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) reported in Health and Social Care Information Centre (HSCIC),

Hospital Episode Statistics (HES), was 0.34 below the national average. This was identified by CQC prior to the inspection as a 'large variation for further enquiry'. We discussed this with the practice who told us they had also identified this as an issue and had carried out an audit. They expected the figure to improve when the HES data was next published as a result of additional and more appropriate recording by the practice in patient records.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, all of which were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a Chronic Obstructive Pulmonary Disease (COPD) prevalence audit had allowed the practice to diagnose new COPD and also appropriately code new COPD cases. The current COPD register now included 93 patients which was over a 50% increase.

### 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. It covered such topics as, infection prevention and control, significant events policy and procedure, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Additional training was also arranged for specific staff, for example, service innovation and improvement, chaperone training, conflict resolution and customer service skills. 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 computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

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

- Appropriate support was offered to young people, those with learning disabilities, mental health problems and dementia to make decisions about their treatment. Care plans were used to record for patient decisions and preferences and carers were involved in agreeing these decisions.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were then signposted to the relevant service. For example, patients who smoke were offered an appointment with the stop smoking advisor who runs a weekly clinic at the surgery. Ninety two percent of patients identified as smokers had been offered additional support and 27 had stopped smoking in the last 12 months.
- On agreement patients identified as obese were referred to a free, 12 week weight loss programme. They were also offered the opportunity to be referred to a dietician or a health trainer who supported patients with losing weight, giving up smoking, alcohol diet and exercise. All but one of the 140 patients identified had been offered such support and the register of obese patients had since dropped to 124.
- The practice had begun a number of out of hospital services to ease pressure on admissions, including, ambulatory blood pressure monitoring, and electro cardiograms (ECGs).

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 73% and the national average of 82%. Historically patients were invited for cervical smear by phone call or letter. Patients were now invited by text messages which had we were told had improved the uptake. The practice was also now able to book appointments for patients to see a nurse at clinics in the early mornings, late evenings and at weekends which had also helped. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 91% and five year olds from 43% to 94%, compared to CCG rates of 68% to 85% and 58% to 85% respectively). Flu vaccination rates for the over 65s were 72%, and at risk groups 40%. These compared to national rates of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 (checks for 21% and 60% respectively of eligible patients completed). 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.

The majority of the 19 patient Care Quality Commission comment cards we received were positive about the treatment they 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 three members of the patient participation group. 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 broadly comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 83%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 90%).

- 82% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).
- 69% said the last nurse they saw was good at involving them in decisions about their care (CCG average 75%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language, although these services were not frequently required. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. They were also signposted to support services, for example the local hospice visiting service for patients receiving cancer care.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service, for example counselling

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning 'commuter clinic' pre-bookable appointments on Tuesdays and Wednesdays to patients who worked who could not attend during normal opening hours. Doctors booked follow up appointments for these patients to facilitate better access.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- From January 2016 the practice would be providing a weekly drop-in clinic with a health visitor for babies and children for support and advice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a wide door for double buggies and wheelchair access, a hearing loop and translation services available. The practice was also designated a 'dementia -friendly practice.'
- Patients with long term conditions such as diabetes, asthma and COPD, were called in at least once a year for reviews.
- The practice offered proactive mental health reviews and had a high QOF achievement in this area.

### Access to the service

The practice was open between 8:30am and 5:30pm Monday, Wednesday and Friday; 8:30am to 12:30pm and 2:30pm to 5:30pm Tuesday; and 8:30am to 1:00pm Friday. Appointments were from 8:30am to 12:00 noon and 3:00pm to 5:10pm Monday, Tuesday, Wednesday and Friday; and 8:30am to 12:00 noon Thursday. Early morning 'commuter clinic' appointments were available between 6:45am to 8:00am on Tuesdays and Wednesdays. In addition to pre-bookable appointments that could be booked in

advance, urgent appointments were also available for people that needed them. If patients wished to speak to a doctor there was a telephone advice slot each morning after surgery.

The practice also provided information on a number of local GP practices where patients could walk in or book a same day appointment between 9am and 4pm on Saturday and Sunday.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages but lower than average in some areas.

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 61% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 60%).

The practice recognised these difficulties from its own patient survey in 2015 and had put an action plan in place to address this. Action included plans to improve the telephone system in conjunction with other CCG practices, making patients more aware of the telephone advice service, the encouragement of more on-line booking of appointments and the development of a new practice website promoting this.

We spoke with 13 patients on the day of the inspection. A number of them said they had experienced difficulty getting through on the telephone system to access appointments and three of the nineteen CQC comments cards echoed these views. Two patients also told us that the system for calling patients in for cervical screening, pregnancy and baby checks was not as effective as it should be.

### 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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. There was a "Comments and Complaints" box situated at the practice entrance and a complaints leaflet and form available at the reception desk. There was also information on the practice website about how to raise concerns or complaints. However, there were no notices on display at the practice advising patients of this.

We looked at five complaints received in the last 12 months and found complaints were dealt with in a timely and satisfactory manner ensuring that the patient was engaged in the process throughout. Lessons were learnt from

concerns and complaints and action was taken as a result to improve the quality of care. There was evidence of discussion within the practice of learning outcomes although only brief details of the discussion was recorded in meeting minutes. For example, a patient complained about a delay in a hospital referral. Upon investigation the practice found that due to staff shortages the service had been closed and the requested referral appointment was not made. The practice met with the patient, apologised for the delay and re-arranged the referral directly to ensure they were seen. As a result of the complaint, all patients were now advised to contact the practice if they did not hear from the hospital within a few weeks.



# 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 website reflected this vision in its statement of purpose which set out the practice's commitment to "high quality Primary Care GP services to all our patients."
- The practice had a mission statement which had been reviewed recently. However, this and the statement of purpose were not on display for patients at the practice. It was clear that staff were committed to the practice ethos of putting patients first and they were at the heart of the service they provided.
- The practice had a clear strategy which reflected the vision and values and included planning to respond to external developments and the changing needs of patients to facilitate continuing improvement in service provision.

### 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
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was not fully aware of the requirements of the Duty of Candour when we initially raised this but took steps to familiarise themselves with this during the inspection. The partners nevertheless complied with these requirements and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the practice manager and 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), the NHS Friends and Family test and through other surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG members we spoke with were very positive about the way the practice engaged with the group and responded to issues they raised, for



# Are services well-led?

Good 

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

example, the installation of a self-check in screen, the re-design of the practice website and the introduction of a more robust policy for patients who did not attend for appointments.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and were encouraged to suggest items for discussion at practice meetings. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong 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. For example, it was involved as a practice in developing new models of care designed around the reality of a person's experience in areas such as community ear, nose and throat (ENT) services to reduce hospital referrals in this areas and free up beds, surgery time in hospital and out-patient appointments. The practice had also helped develop a new service funded by a veterans' charity to help with nursing needs for veterans. This started in December 2015 and funding was guaranteed for three years.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>People who use services were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference and DBS checks are carried out and recorded prior to a staff member taking up post.</p> <p>Regulation 19 (1)(a), (2)(a) and 3(a)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	