

Palace Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Palace Road Surgery on 9 March 2016. Overall the practice is rated as requires improvement.

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

- Some risks to patients were assessed and well managed. However the cleanliness of the practice in some areas was unsatisfactory.
- We found that consent was not always documented and that one of the audits the practice had completed did not aim to optimise patients in accordance with current NICE guidelines. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- 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 was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

Ensure that the practice provides and maintains a clean and appropriate environment that facilitates the prevention and control of infections.

Summary of findings

Must ensure that there are appropriate systems in place for recording consent.

The areas where the provider should make improvement are:

Consider putting in place formalised care plans for service users where appropriate.

Review the practice's clinical auditing process with a view to improving patient outcomes in accordance with national clinical guidance.

Ensure that all staff are aware of the location of emergency medicines and which medicines are available.

Ensure that a record is kept of staff inductions.

Consider advertising translation services in the reception area.

Consider undertaking a review of patients to verify why the prevalence of Coronary Heart Disease is lower than the national average.

Consider ways to increase the number of diabetic patients who receive a seasonal flu vaccination.

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.

- Some risks to patients were assessed and well managed. However we found the cleanliness of some areas of the practice to be unsatisfactory and appropriate action had not been taken to address these in accordance with the action plan in the practice's own infection control audit.
- Although the practice had a supply of emergency medicines on premises and these were all in date one of the clinical members of staff we spoke with were not aware of their location or what medicines were available.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse; though some correspondence was not immediately accessible in patient's notes.
- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with those for the locality and compared to the national average although there were some areas where the practice had scored lower than the national average; particularly in respect of patients with diabetes and patients with mental health problems.
- Consent was not always documented and although we saw evidence that patients were assessed and treatment was provided in a holistic way; there was limited examples of formalised care plans for patients.
- On the whole staff assessed needs and delivered care in line with current evidence based guidance. However the practice provided us with evidence of clinical audits that they had

Requires improvement



Summary of findings

completed within the last 12 months. However the audit provided did not seek to optimise patients in accordance with NICE guidelines and there was no indication that a subsequent audit would be undertaken with the aim of bringing their condition in line with national guidelines.

- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs and also held a number of virtual clinics with the assistances of consultants from local secondary care services.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For instance the practice were participating in the holistic health assessment scheme; providing holistic assessments for those over 65 and housebound, those over 80 and those who had not attended their GP within the previous fifteen months. The practice then put together a comprehensive package of care to meet these patients' health and social needs; involving a variety of organisation including those operating in the voluntary sector.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- 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.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework. However arrangements to improve quality and manage risk were not always effective; particularly in respect of infection prevention control and the audit that we reviewed. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the holistic health assessment scheme; undertaking holistic assessments for elderly housebound patients and putting together a package of care which met all their health and social care needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice undertook annual reviews of patients with long term conditions with consultant specialists from the local hospital.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine 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.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 81.12% compared with 75.35% nationally.
- 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 percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 78.88% compared with 81.83% nationally.
- 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 provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 offered appointments outside of working hours including a surgery on Saturday.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice provided support for patients with complex healthcare needs living in supported accommodation.

Requires improvement



Summary of findings

- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and effectiveness. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Performance for mental health related indicators was similar to the CCG and national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89.1% compared with 88.4% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 73.2% compared with 89.5% nationally. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 95% compared to 84% nationally. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 90.5% compared to 94.1% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice provided GP support for two services which accommodated patients with mental health problems.
- The practice hosted local psychology and counselling services.
- 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.

Requires improvement



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and eighty nine survey forms were distributed and one hundred and four were returned. This represented 26.7% response rate and 1.4% of the practice's patient list.

- 83% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 91% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 54 comment cards which were all positive about the standard of care received. Patients referred to the surgery as being safe and clean, the staff being helpful and the care provided being of a high standard.

Six of the comment cards were mixed and although they concurred with the positive comments they also expressed concern about the time it took to get a routine appointment with a named GP, other patients said they were able to overhear conversations at reception and others expressed dissatisfaction with the length of time patients needed to wait to be seen.

We spoke with ten patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring. One patient told us that they had seen such significant improvement in the quality of the healthcare both they and their family received since moving to the practice that they were able to return to work as a result of the assistance and support the practice provided in the management of their long term condition.

The practice participated in the friends and family test. The latest results available on NHS choices at the time of writing showed that 69% of patients would recommend the surgery to a friend or family member. This was based on 13 responses.

Palace Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Palace Road Surgery

Palace Road Surgery is based in the Lambeth Clinical Commissioning Group (CCG) area serves approximately 7100 patients. The practice is registered with the CQC for the following regulated activities Treatment of disease, disorder or injury, Family Planning and Diagnostic and Screening Procedures.

The practice population has a higher proportion of working age people compared to the national average and a slightly lower than average percentage of people who are aged 65 and over. The practice has a comparable number of children and young people. The practice is ranked within the third most deprived decile on the Index of Multiple Deprivation (IMD). The numbers of those within and out of employment are similar to national averages.

The practice is run by three male partners. There are two long term locums; one male and one female. There are three practice nurses and a healthcare assistant. The practice hosts final year medical students from a local hospital. There is a team of practice management, administrative and reception staff.

The practice is open between 8 am and 6.30 pm Monday to Friday. Appointments are from 9 am to 12 pm and 2pm till 6 pm. Extended surgery hours are offered between 9 am till

12 pm on Saturdays with appointments available from 9 am till 11am. The practice offers 30 GP sessions per week with booked and emergency appointments five days per week and booked appointments available on a Saturday.

The practice is currently located at 3 Palace Road which is former residential property which is owed by the partnership. The practice informed us that they were moving to purpose built premises at 1 Palace Road at the end of the summer and that there had previously been delays in moving to the new premises.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: Childhood Vaccination and Immunisation Scheme extended hours, Facilitating Timely Diagnosis and Support for People with Dementia, improving patient access online, Minor Surgery, Patient Participation, Remote Care Monitoring and Rotavirus and Shingles Immunisation and Unplanned Admissions.

The practice is part of South West Lambeth Federation.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 March 2016. During our visit we:

- Spoke with a range of staff GPs, nurses and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 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 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 with a long term condition went missing after attending the practice. The practice took steps to ensure that potentially vulnerable patients were coded correctly so reception staff would receive a prompt to make sure that these patients attended with their carer where possible.

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. 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 relevant to their role. GPs were trained to Safeguarding level 3. We reviewed documentation relating to safeguarding concerns and found that the practice had acted in line with guidance in all instances.
- We saw several notices around the practice, including in the waiting area, advising 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). There were several staff who had recently received chaperoning training but were not DBS checked. The practice had applied for these checks and taken the decision not allow these members of staff to start chaperoning until their DBS checks had been received.
- The practice maintained appropriate standards of cleanliness and hygiene in all clinical and consulting areas. However the tops of some of the doors within the practice were covered in a layer of dust. The practice manager together with the practice healthcare assistant and one of the nurses were responsible for infection control. We reviewed an annual infection control audit which highlighted concerns around the dust on the top of door frames but had not been addressed. One of the patient bathrooms was also not clean around the sink, had a layer of dust on the window ledge and blinds that were not clean. The room that our team were based in also had a layer of dust and the desk was not clean. We were told that this room was not used for clinical consultations. The practice contracted their cleaning services to an external company. They provided us with cleaning schedules which listed the areas to be cleaned and the frequency. However the cleaning logs were not always checked to confirm that cleaning had been completed. The practice told us that they were planning to review their cleaning arrangements when they moved to the new premises. There was evidence that staff from the practice had 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 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

Are services safe?

prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. 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 three 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.
- 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 using letters and text messaging.

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. The practice had up to date fire risk assessments and carried out regular 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. 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 that enough staff were on duty. One of the GPs told us that if one of the doctors called in sick patients would be reviewed and if their appointment could be postponed then they would be contacted and offered an appointment at a later date. If patients needed to be seen that day then the duty doctor would attend to these patients.

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 one of the treatment rooms.
- 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. Medicines we checked were in date and fit for use. However one of the members of clinical staff that we spoke with was unsure of the location of the storage of emergency medicines and was only aware of the practice having anaphylaxis kits on site.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice ran virtual clinics for patients with long term conditions with the support of specialist consultants from the local hospital. The specialist knowledge provided by consultants enabled staff to keep up to date with developments in the management of long term conditions.

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 93.8% of the total number of points available, with 5.3% 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 with the exception of percentage of patients with diabetes who had received a seasonal flu vaccination which was 81.3% compared with 94.5% nationally. When we asked the practice about this we were informed that the practice had found it challenging to manage diabetic patients. In response one of the nurses had attended a diabetes management update which aimed to optimise consultations with diabetic patients. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average in several areas with an overall exemption reporting figure of 6.1%. For example the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 68.5% compared to the national average of 77.5%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 64.83% compared to 78.03% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 76.3% compared to a national average of 80.5% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 76.5% compared with 88.3% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 77.7% which was
- Performance for mental health related indicators was similar to the CCG and national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89.1% compared with 88.4% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 73.2% compared with 89.5% nationally. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 95% compared to 84% nationally. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 90.5% compared to 94.1% nationally.

The practice had a lower than expected reported prevalence of coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD) compared with the national average. Staff at the practice told us that the

Are services effective?

(for example, treatment is effective)

practice nurse had been undertaken spirometry screening for three months in an effort to improve identification of patients who may have COPD. The practice were unable to provide an explanation for the lower prevalence of CHD.

Though clinical audits demonstrated quality improvement. However when they focused on improving patient outcomes, care was not optimised in accordance with current NICE guidelines.

- The practice provided us with one example of a clinical audit where two cycles had been completed, although this did not explain why the practice were not aiming to have patients optimised in accordance with national clinical standards or whether they intended to re-audit these patients to bring patients in line with NICE recommendations. The audit related to the management of hypertensive patients. Sixteen patients with BP>160 / BP>100 were reviewed and strategies were devised to manage these patients effectively including; reviewing of medication, identifying compliance and adherence problems, encouraging patients to undertake physical activity and referral to specialist clinics. Patients' blood pressure was then reviewed on two subsequent occasions and it was found that nine patients had their blood pressure optimised <160/100, three were subject to continual review, three patients had not been reviewed, with the practice sending letters and texts to encourage attendance, and one patient being identified as white coat hypertensive (a syndrome whereby a patient's feeling of anxiety in a medical environment results in an abnormally high reading when their blood pressure is measured). NICE guidance states that the ideal target for those under 80 years of age is BP less than or equal to 140/90 and for those over 80 years of age BP should be less than or equal to 150/90.
- The practice received annual visits from a member of the CCG's pharmacy team. The practice had worked with the CCG to reduce the number of Nonsteroidal anti-inflammatory drugs (NSAID) being prescribed. This had resulted in a reduction of 68 patients being prescribed this medication between January and July 2015 to 47 patients between August 2015 and March 2016.
- The practice supplied us with several other examples of data collection but in each of these it was unclear how

the practice had used or intended to use the data to drive improvement. The practice also informed us that the virtual clinics held for long term conditions enabled them to informally monitor performance.

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 fire safety, health and safety, basic life support training and confidentiality. However the schedules had not been checked or signed off to confirm that staff had completed all of the items on their induction.
- 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 which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending training updates organised by the CCG.
- 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.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness; although one of the locum GPs who had recently been employed by the practice had not completed information governance training. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- This included medical records, investigation and test results. Although the patients records we reviewed demonstrated holistic assessment of patients resulting in care and treatment that was appropriate to patient needs; there was an absence of formalised care plans for some patients. Staff at the practice told us at the outset of the inspection that this was an area they needed to improve on and were intending to address this going forward. 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 regular basis with district nurses and the community matron and that patient records were routinely reviewed and updated with action being taken where appropriate.

Consent to care and treatment

Staff told us that they sought verbal consent from patients to care and treatment. However this was not always documented by GPs in line with recommendations; for example in respect of minor surgical procedures. We reviewed patient notes completed by the nursing staff and found that consent was documented in patient notes where appropriate.

- 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 told us that they carried out assessments of capacity to consent in line with relevant guidance. However some of the GPs that we spoke with were unable to evidence this in clinical notes and told us that they did not always document this.

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 with mental health concerns and those who had a learning disability. Patients were then signposted to relevant services.
- The practice referred patients to local weight management services and smoking cessation advice was available from the practice nurse or healthcare assistant.

The practice's uptake for the cervical screening programme was 78.9%, which was comparable to the national average of 81.8%. There was a policy to offer text and letter reminders for patients who did not attend for their cervical screening test and patients were offered screening opportunistically when they attended for other appointments. The practice demonstrated how they encouraged uptake of the screening programme by providing those who required the assistance of a translator and those with a learning disability with a picture book that explained the procedure. They also ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.7% to 93.8% (discounting meningitis C which was line with CCG average) and five year olds from 81.7% to 98.9%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 practice had received a complaint from a patient about information possibly being overheard by patients waiting near the reception desk. The practice had placed a sign in the reception asking patients to stand further away from the reception area in order to maintain the privacy of others.

All of the 54 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. 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 in line or above national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 86% said the GP gave them enough time (CCG average 84%, national average 87%).

- 92% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 87% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 87%, 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 in line with local and national averages. For example:

- 89% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care (national average 81%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We were unable to see notices in the reception areas informing patients this service was available but staff told us that in person or telephone translation services could be booked when required.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a local carers hub.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 7.05% of the practice list as carers. The practice had a supply of forms that patients could fill out and hand to reception if they were a carer.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For instance the practice were participating in the holistic health assessment scheme; providing in depth holistic assessments for those over 65 and housebound, those over 80 and those who had not attended their GP within the previous eighteen months. The practice then put together a comprehensive package of care to meet these patient's health and social needs; involving a variety of organisation including those operating in the voluntary sector.

- The practice ran a walk in surgery in the morning and same day emergency appointments were available in the afternoon for those who called in at 8 am. In addition the practice ran a surgery on Saturdays between 9 am and 11am for patients who had pre booked appointments.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities; for instance an automatic front door and a hearing loop. The practice also had translation services available for patients who required assistance with English.
- The practice ran an in-house phlebotomy service.
- The practice offered telephone consultations provided by the duty doctor.

Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday. Appointments were from 9 am to 12 pm and 2pm till 6 pm. Extended surgery hours were offered between 9 am till 12 pm on Saturdays with appointments available from 9 am till 11am. In addition to pre-bookable appointments that could be booked up to three months in advance, the practice ran a walk in surgery between 9 am

and 11 am Monday - Friday. Twenty five appointments were available each day and patients would be seen by the duty doctor. The practice also had afternoon emergency appointments which patients could book if they called at 8 am.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 83% patients said they could get through easily to the surgery by phone (national average 73%).
- 30% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

Some patients told us that they had to sometimes wait between one and two weeks to get a routine appointment with the GP of their choosing. However patients acknowledged that if they had to be seen urgently they would attend the morning walk in surgery or call for a same day appointment and be seen in the afternoon.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example the practice had a copy of their complaints procedure on their website and numerous posters inviting patient feedback and complaints around the practice.

The practice showed us eight complaints received in the last 12 months and we found that systems were in place to deal with complaints in a timely manner with apologies given where necessary and appropriate action taken to address issues of concern. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had made a complaint about the length of time they had to wait to see one of the doctors at the emergency clinic. The

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

patient was provided with an explanation of how the emergency clinic operated and the reasons for the delay. In response to the complaint a notice was put up to say that emergency appointments may run longer than others.

Reception staff were also instructed to contact the duty doctor where small children attended the emergency clinic. The duty doctor would then assess if the child needed to be prioritised.

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 reception area and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan in respect of the proposed change in premises. This reflected the vision and values of the practice.

Governance arrangements

The practice had a governance framework which 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
- The practice did not have a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effectively; particularly in respect of infection control, procedures around consent and audits.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise 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 aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice 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 partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, one of the PPG members told us that they had noticed that patients would often ride their bikes to the practice. The lack of storage facilities caused congestion in the waiting area. The PPG suggested that the practice get a bike rack outside to enable patients to store their bikes while visiting the surgery and this suggestion was taken forward.
- The practice had 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. For example a member of the nursing staff told us that she had asked for additional

Are services well-led?

Good 

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

consultation time for certain patients who she identified as requiring a longer appointment. These patients were

then flagged up on the system so that reception could book them an extended appointment. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Consent</p> <p>How the regulation was not being met:</p> <p>Procedures for obtaining consent to care and treatment did not reflect the guidance provided by the GMC in Consent: patients and doctors making decisions together (2008) in that:</p> <ul style="list-style-type: none">• There was no evidence that consent to minor surgical procedures were recorded• There was limited evidence that capacity assessments were undertaken by GPs where appropriate <p>This was in breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in that:</p>

This section is primarily information for the provider

Requirement notices

- The premises had not been cleaned to a satisfactory standard.
- The practice had failed to address all concerns outlined in their infection control audit.

This was in breach of regulation 12(1) (2) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.