# Valley Road Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

**Letter from the Chief Inspector of General Practice**

Valley Road Surgery provides a GP service to just over 5,000 patients in the south west area of Lambeth in south London. This is the provider's only location.

We carried out an announced comprehensive inspection on 10 November 2014. The inspection took place over one day by a lead inspector and a GP specialist advisor. Overall the practice is rated as good. Specifically, we found the practice to be good at providing safe, effective, caring, responsive and well led services. It was also good for providing services for all population groups.

Our key findings were as follows:

- We found the practice was caring. Patients felt their privacy and dignity were respected, that they received appropriate care and treatment and that the doctors and nurses explained any treatment to them clearly. Patients said the repeat prescription process worked for them.
- We found the practice was safe with suitable systems in place to deal with medical emergencies, to monitor infection control, to protect children and vulnerable adults from harm and to recruit staff.
- We found the practice was effective. Staff were up to date with best practice guidance. The GPs had areas of responsibility. Data showed the outcomes for patients were at or above the local average. Suitable systems were in place to work with other health and social care providers.
- We found the practice was responsive to the needs of patients. They used information from patient surveys, comments and complaints to improve the services provided. The practice was accessible to people with mobility problems, those who used a wheelchair and pushchairs. There was a range of in advance and on the day appointments and home visits provided when required, however some patients said they experienced difficulties getting appointments, particularly with their GP of choice.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

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- Ensure all clinicians have completed child protection training to Level 3.

In addition the provider should:

- Ensure patient safety alerts are shared with relevant staff in a timely manner;
- Improve system for checking medicines to ensure medicines past their use by date are disposed of promptly;
- Review the cleaning schedule to include all areas of the practice;
- Ensure clinical staff, particularly the GPs receive training in the Deprivation of Liberty Safeguards.

**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?**

Good

The practice is rated as good for providing safe services.

Systems were in place to report incidents and staff were clear about their responsibilities. Significant events were analysed and any learning was identified and shared amongst all staff. Suitable policies and procedures were in place to protect children and vulnerable adults from abuse. Staff recruitment practices were in line with requirements. The practice was clean and effective arrangements were in place for cleaning with regular checks to ensure the required standards were maintained. Staff had access to the equipment they needed to carry out their role. Arrangements were in place for responding to risk and dealing with a range of emergencies.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

Clinical staff referred to best practice guidance and updates were discussed at clinical meetings. The practice followed the Clinical Commissioning Group protocols for prescribing. Staff had access to training and support appropriate to their role and systems were in place for staff to have an annual appraisal. Suitable systems were in place to meet and share information with other health and social care services. There was a system for new patients to receive a health check and a range of information leaflets and were available to help patients maintain a healthy lifestyle.

**Are services caring?**

Good

The practice is rated good for providing caring services.

Patients said they were treated respectfully and staff maintained their privacy and dignity. We saw staff spoke politely to patients. Patients said they were involved in decisions about their care and treatment. Results from the 2014 GP survey showed 91% of respondents said that the last GP they saw or spoke to was good at involving them in decisions. Ninety three per cent of respondents said their overall experience at the practice was good or very good. Ninety per cent of respondents said they would recommend the GP. We received 37 patient comment cards from patients who visited the practice during the two weeks before our visit. These cards indicated most patients were satisfied and happy with the service they received at the practice. They said that staff were caring, helpful, polite, professional and wonderful and the GPs were pleasant, empathetic, kind, supportive and listened.

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**Are services responsive to people's needs?**

Good

The practice is rated good for providing responsive services.

The health needs of the patient population were known and the services were developed to meet them. The practice engaged with the local Clinical Commissioning Group CCG to address improvements required to healthcare in the local area. Valley Road Surgery was accessible to patients with mobility problems, those who used wheelchairs and children in pushchairs. Staff had access to interpreters when required. The practice was open five days a week from 8.30am – 6.30pm and offered extended hours from 6.30-8.00pm on Mondays and Wednesdays. A range of book in advance and urgent on the day appointments were provided. Patients made positive comments about getting urgent on the day appointments and said the referral process and repeat prescription service worked for them. Arrangements for dealing with repeat prescriptions were suitable. The practice manager was responsible for dealing with complaints. Records showed complaints were responded to and learning points were shared with all staff. Patients were made aware of how to make a complaint on the practice website and notices were displayed in the waiting area. A Patient Participation Group (PPG) had been developed and involved in seeking patient's views on the services provided with improvements made to the waiting area following the last practice survey.

**Are services well-led?**

Good

The service is rated good for providing a well led service.

The partners had a clear vision and strategy for the practice, and although it was not written, it was understood by all staff at the practice. Management structures were in place that ensured staff were supported. Staff told us they felt confident to go to their managers for guidance and support. There was a low turnover of staff. There was a PPG which met regularly and were involved in patient surveys and developing action plans to improve the patient experience. There were regular clinical, staff and partners meetings which were minuted so anyone not attending could look up discussions and actions. Governance arrangements were in place which included the required policies and procedures to govern activity.

# 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

Good

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

The practice provided a named GP for all patients over 75. Care plans were developed with people receiving end of life care and details were shared with the out of hours provider to ensure they were updated to any changes. The practice was responsive to the needs of older people and was aware of the risks of social isolation. An example of how they provided additional support to older people was by organising an annual Christmas party for those older patients who were isolated. The practice provided a range of book in advance and on the day emergency appointments, telephone consultations and home visits to support patients who were unable to attend the practice. While less than 50% of those over 65 had received their flu vaccine, the practice had developed an action plan and were working towards increasing these numbers.

The practice held regular meetings with other health and social care providers so patients received joined up care and treatment.

### People with long term conditions

Good

The practice is rated good for the care of patients with long term conditions.

Clinical staff had lead responsibilities for different conditions. One of the nurses was the diabetes lead and provided regular appointments for health checks. Patients newly diagnosed with diabetes were referred to a local service that provided information, education and support regarding the impact on the individual and how to manage the condition themselves. The practice provided a range of urgent on the day and book in advance appointments. Longer appointments were provided when necessary and the practice operated a 'no single problem' system so patients could bring a range of issues to an appointment rather than attend different clinics on different days. Patients could access counsellors based at the practice. The practice operated an 'expert patient' scheme which meant patients newly diagnosed with a health condition could speak with someone who was living with the condition. The practice worked with other health and social care providers to ensure patients with complex health needs received joined up care and treatment.

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**Families, children and young people**

Good

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

The practice provided appointments after school hours and urgent on the day appointments and aimed to see pregnant women and children on the day they contacted the surgery. Systems were in place to identify children in disadvantaged circumstances including those who are at risk and attendance at accident and emergency and failure to attend appointments for immunisations were followed up. Baby and childhood immunisation rates for the practice were at or above the local average. The practice was accessible for families with pushchairs and there was a selection of toys and activities for young children. The practice had regular meetings with midwives and health visitors to discuss concerns or potential concerns. Clinical staff treated children and young people in an age appropriate way. Staff told us they signposted teenagers to a local provider for sexual health services.

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

Good

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

The practice had above the national average number of patients aged 25-54. They provided extended opening hours, telephone consultations and an email service to meet the needs of working age people. Extended hours appointments were provided from 6.30-8pm two evenings a week. The practice offered an online repeat prescription service. Clinical staff told us they offered a range of NHS health checks to this population group. Eighty one per cent of women had attended for a cervical smear test.

**People whose circumstances may make them vulnerable**

Good

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

Staff told us they provided services to all. The practice held a register of patients with a learning disability and the electronic recording system had a flag system to identify other vulnerable patients. All patients with a learning disability had an annual health check. There was a specific team within Lambeth who provided health services for people who were homeless, although the GPs we spoke with said they would treat patients if they attended the practice. Staff had contact details for local services if women who attended the

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practice were victims of domestic violence. Staff had access to interpreting services for patients who did not speak English. Staff were able to describe signs of abuse and were clear about the actions they needed to take to protect vulnerable adults.

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

Good

The practice is rated good for the care and treatment of patients experiencing poor mental health.

There was a lead GP for mental health, they attended regular update training. Data showed patients were routinely asked about their alcohol consumption and smoking status which was recorded. The practice worked with multidisciplinary teams to ensure patients experiencing poor mental health received joined up care and were directed to other support services as appropriate. There was a system to follow up accident and emergency attendance. Advanced care planning was in place for patients with dementia.

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## What people who use the service say

We spoke with four patients during our visit and received 37 comment cards, completed by patients who visited the practice during the two weeks before the inspection.

Patients we spoke with made positive comments about their experience of the practice. Patients said staff respected their privacy and maintained their dignity. They said staff spoke with them in appropriate ways. Patients we spoke with had not made a complaint, some were aware of how to make a complaint while others were not clear. They said the waiting area and consultation rooms were clean when they visited.

Comment cards indicated patients were happy with the service they received at the practice. Thirty four comment cards contained positive comments with patients stating staff were caring, helpful, polite, professional, and supportive and had time for them. They said staff were respectful and maintained their dignity when dealing with sensitive matters. Patients said they were seen at short notice and children were always fitted in. Patients said the practice was clean. The only concerns raised were about getting an appointment.

The results from the 2014 GP survey showed 93% of respondents rated their whole experience of the practice as good. Ninety per cent of patients would recommend the practice to someone new to the area. Eighty five per cent said it was easy to get through on the phone and 98% were able to make an appointment when required. Eighty three per cent of respondents said the opening hours were convenient.

The practice carried out their own annual patient surveys. Thirty three responses were received to the 2014 survey which focussed specifically on telephone access, opening times, the website and waiting area. Ninety per cent of respondents said getting through to the practice was good, 85% said the speed of answering the telephone was good and 90% said the way reception staff dealt with their telephone call was good. The survey identified that 20% of respondents were not aware of the practice ring back service, 94% were not aware that reception was open over lunchtime and 66% were not aware that the practice had a website. The responses were reviewed by the GP partners and an action plan was to be developed with the Patient Participation Group.

## Areas for improvement

**Action the service MUST take to improve**

- Ensure all clinicians have completed child protection training to Level 3.

**Action the service SHOULD take to improve**

- Ensure patient safety alerts are shared with relevant staff in a timely manner;
- Improve system for checking medicines to ensure medicines past their use by date are disposed of promptly;
- Review the cleaning schedule to include all areas of the practice;
- Ensure clinical staff, particularly the GPs receive training in the Deprivation of Liberty Safeguards.

# Valley Road Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection was led by a CQC Lead inspector with a GP specialist advisor.

## Background to Valley Road Surgery

Valley Road Surgery provides a GP service to just over 5,000 patients in the south west area of Lambeth in south London.

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

The practice provides primary medical services through a General Medical Services (GMS) contract. A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a range of services including maternity services, child and adult immunisations, family planning clinic and contraception services. The practice is a member of the Lambeth Clinical Commissioning Group (CCG). It comprises of four GPs, three partners and one salaried GP (two male and two female). A practice manager, two part time practice nurses and a team of six administrative staff make up the rest of the practice team. Valley Road Surgery is a training practice although there were no trainees at the time of our inspection.

The practice is open five days a week from 8.30am to 6.30pm with a range of book in advance and on the day urgent appointments. The practice offers extended opening hours from 6.30pm-8.00pm on Mondays and Wednesdays for pre-booked appointments.

The practice GPs had opted out of the out-of-hours care and it was provided by the local co-operative and patients were directed to it when the surgery was closed.

The practice is located in an area of medium to high deprivation where the life expectancy for men is 78 years and women 83 years, which is in line with the national average. Over 56% of patients have a long-standing health condition, slightly above the national average. The majority of the practice's patients are aged between 25 and 55 years old with lower than average numbers of patients under nine and over 60 years of age.

The CQC intelligent monitoring placed the practice in Band 5. The intelligent monitoring tool draws on existing national sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

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.

# Detailed findings

## 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. This 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.

This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

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)

Before visiting, we reviewed a range of information we held about the practice and asked other organisations, the Clinical Commissioning Group, NHS England and Healthwatch Lambeth to share what they knew. This did not highlight any significant areas of risk.

We carried out an announced visit on 10 November 2014. During our visit we spoke with a range of staff including four GPs, the practice manager, the nurse, five reception and administrative staff and we spoke with four patients who used the service. We reviewed comment cards where patients who visited the practice the two weeks before our inspection gave their opinion of the services provided. We observed interaction between staff and patients in the waiting area. We reviewed records including, staff recruitment and training files, building and equipment maintenance, health and safety, infection control, complaints, significant events and clinical audits. We looked at how medicines were stored and recorded.

Good

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. National patient safety alerts were received by the practice manager who then disseminated them with relevant staff. However, we noticed that recently two alerts related to medicines hadn't been shared with the clinical staff. The practice was aware of this issue and were looking at improving their processes for sharing such information. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Reported incidents and comments and complaints received from patients were shared and discussed in practice meetings. We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had suitable systems for reporting, recording and reviewing significant events and incidents. There were records of significant events that had occurred during the last 12 months and we were able to review these. Significant events was a standing item on the weekly practice meeting. There was evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists and nursing staff we spoke with were aware of the incidents that had occurred recently and knew how to raise an issue for consideration at the meetings and felt encouraged to do so.

Staff used a template for reporting incidents. We tracked three incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example following an incident involving a referral, a new system for reception staff to review all urgent referrals had been put in place.

### Reliable safety systems and processes including safeguarding

One of the GPs was the lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who this lead was and who to speak with in the practice if they had a safeguarding concern. The lead attended regular safeguarding meetings with the local authority. The lead also met with the health visitor on a regular basis to discuss issues regarding individual patients.

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. All nurses and all GPs, apart from one, who had done Level 2 child protection training, had received training to Level 3 with non-clinical staff trained to Level 1. The staff had also received training in safeguarding vulnerable adults. All staff we spoke with including the GP with Level 2 child protection training demonstrated a good understanding of safeguarding issues and their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies both in and out of working hours.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. Contact details of safeguarding leads in the local authority were easily accessible.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans and any other child deemed vulnerable or in need.

There was a chaperone policy, which was displayed on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff had been trained to be a chaperone, had received criminal records checks and the practice had made a decision that chaperoning was undertaken only by nursing staff.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The temperature of the fridges where vaccines were stored were checked and recorded daily, and we saw from the records they had been constant and within the required

range. Staff we spoke with were aware of the safe range and actions they needed to take if the temperature went out of the safe range. Systems were in place to rotate stock in the fridges. All vaccines were seen to be in date.

Processes were in place to check medicines were within their expiry date and suitable for use. All but two medicines we checked were within their expiry dates, the two out of dates ones were removed and replacements re-ordered. Expired and unwanted medicines were disposed of appropriately in line with waste regulations.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses had received appropriate training and recent updates to administer vaccines.

Repeat prescriptions were reviewed and signed by a GP before they were given to the patient, although the system included administrative staff preparing all prescriptions, including those for high risk medicines. Arrangements for blank prescription forms were secure and they were handled in accordance with national guidance.

The practice did not keep controlled drugs on the premises.

### Cleanliness and infection control

Infection control policies were in place, all staff completed training in infection control and one of the GPs was the infection control lead. There was a policy regarding actions to take after a needle stick injury. External contractors were employed to clean the practice; they followed a cleaning schedule that described what needed cleaning and the frequency, although it did not cover all areas of the premises. The practice manager was responsible for monitoring the cleaning. Staff told us that they raised issues if areas of the practice were not cleaned to the required standard. We found all areas of the practice were clean. Patients told us the reception and waiting area and consultation rooms were always clean when they visited.

The practice manager completed an annual infection control audit was completed with the last one carried out in March 2014 and no issues were raised.

Suitable arrangements were in place for clinical and domestic waste which we saw were stored separately at the practice. A contract was in place for safe removal of clinical waste on a weekly basis.

Reception and clinical staff had access to personal protective equipment including disposable gloves. Wash hand basins, soap and sanitising gel was available in consultation rooms.

A Legionella risk assessment had been completed, no water was stored at the practice so no further action was required. (Legionella is a germ which can contaminate water systems in buildings).

### Equipment

We saw records of Portable Appliance Testing carried out in January 2013 and the electrical supply had been checked in October 2012.

There was a fire policy that staff signed to confirm they had read and understood. A fire risk assessment was completed, staff attended fire safety training. The fire alarm system was serviced and fire extinguishers checked in August 2014.

Staff said they had access to the equipment they needed to carry out their role. Suitable systems were in place for regular testing of equipment which was carried out in April 2014.

### Staffing and recruitment

There was a staff recruitment policy which required updating to include a Disclosure and Barring Service (DBS) check being carried out. The policy detailed the process to be followed when recruiting new staff, advertising positions, checking application forms, interviews being held and checks being carried out. A review of staff records showed the required checks had been completed. DBS checks had been completed or requested for the three GPs and two nurses and the practice had made a decision for all staff to have this check and the process was underway. Appropriate checks had been made on clinical staff files seen with evidence of qualifications and registration with either the General Medical Council or the Nursing and Midwifery Council. The hepatitis status of clinical staff was checked when they started work.

Good

# Are services safe?

We were told the practice only rarely used locum GPs, and when they did, this would be one of two GPs who had been known to the practice for more than five years and regularly worked locally.

## Monitoring safety and responding to risk

Arrangements were in place to identify and manage risks to patients and staff at the practice. There were regular checks of the building, risks were assessed and systems put in place to minimise and manage the risk. Health and safety policies were in place and we saw relevant information displayed at the practice for staff.

Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being including dealing with medical emergencies. There were systems to follow up patients who did not attend their booked appointment especially the vulnerable patients and children. Systems were in place to assess and follow up patients experiencing deteriorating health and arrangements were in place for internal and external multidisciplinary meetings.

## Arrangements to deal with emergencies and major incidents

The practice had made suitable arrangements to deal with a range of emergencies. Records showed all staff had completed training in basic life support. Equipment was available to staff to deal with medical emergencies including oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency). Staff knew where this equipment was and were clear about how to use it. Records showed emergency equipment was checked regularly. Medicines were in place to deal with a range of medical emergencies. Systems were in place for these to be checked and replaced when required. We saw these medicines were within their expiry date and fit for use.

A business continuity plan was in place which was reviewed in March 2014. There were details of actions staff needed to take in the event of a range of emergency situations including what to do in the event of a fire, adverse weather and access to the building. The document contained the telephone numbers of staff and other services that may be required in emergency situations.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with were clear about their reasons for treatment. They were up to date with best practice guidelines from the National Institute for Health and Care Excellence and those from local commissioners. GPs told us they discussed individual patients and treatments at the daily or weekly meetings and had time to look up best practice guidance when required. We saw the GPs used locally agreed prescribing guidelines.

The GPs each had a lead area of interest including child health, mental health and diabetes. Staff in this role were given time to keep up to date with guidance including attending relevant training.

GPs we spoke with told us that they made referrals and provided treatment depending upon patient need.

### Management, monitoring and improving outcomes for people

Arrangements were in place to meet with local practices to look at comparators, benchmarking within the CCG and repeat prescribing. The practice was working with the CCG to improve patients' health. The CCG had developed seven health goals regarding chronic heart disease, diabetes, HiV and sexual health, childhood obesity, smoking, mental health and alcohol. There was a system to follow up patients who attended the accident and emergency department for issues that should have been dealt with within the GP practice.

The practice had a system in place for completing clinical audit with a repeated cycle for hypertension carried out over a three year period. After the first audit the practice identified an improvement in patients' blood pressure control, although this was not reflected in cholesterol levels. Further changes were made to patients' treatment and improvements were noted in the third audit. The practice did identify that in future audits they would separately assess blood pressure and cholesterol. An audit regarding the use of anticoagulants was carried out in September 2013 and January 2014. This identified all patients had the treatment initiated in secondary care with no changes required.

The practice used the information collected for the Quality and Outcomes Framework (QOF), which is the voluntary incentive scheme for GP practices across the UK, to monitor outcomes for patients. For example, all patients with enduring mental health had their alcohol consumption recorded and 97% of patients with a physical and or mental health condition had their smoking status recorded. The tests for patients with diabetes were above or in line with the national average. The rates of childhood immunisations showed 93% of babies aged 12 months received their 5 in 1 immunisation. For children aged two years this was 100% and 96.5% for the MMR. Ninety six% of 5 year old received the pre-school booster. These figures were all above the CCG average. The nurse told us about the 'Happy Birthday' letter they sent parents to invite them to bring their babies and children to the practice to ensure their immunisations were carried out at the required ages.

### Effective staffing

Practice staffing included medical, nursing, administrative and managerial staff. Staff training records identified staff were up to date with mandatory training. We saw the practice had a stable staff group. Staff told us they had access to the training and support they needed to carry out their role. Systems were in place for administrative staff to have an annual appraisal. GPs were up to date with their appraisal and had been revalidated or were working towards their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Practice nurses were clear about the expectations of their duties and had received training to carry out cervical screening, immunisations and smoking cessation. One of the GPs completed annual appraisals for the nurses and supervision was provided through a local peer group.

The practice completed an audit of capacity and demand in December 2013 and March 2014 which identified the peak times for patients ringing to book appointments. In response, the practice made more appointments available on Monday mornings.

### Working with colleagues and other services

The practice worked with other services to provide joined up care for patients with complex needs. Blood test results, X-ray results, letters including hospital discharge summaries and urgent faxes were received electronically or scanned onto the system and flagged for the GP who made the original request or the on-call doctor to be dealt with.

Good

# Are services effective?

## (for example, treatment is effective)

All staff we spoke with were clear about their role in dealing with results and letters on the day they were received or the next day when received at the end of the day. The practice used special patient notes when required for patients receiving end of life care and those with complex medical conditions to ensure the out of hours service had up to date information.

Multidisciplinary meetings were held regularly with health and social care providers to ensure the needs of patients receiving end of life care, those with experiencing poor mental health and those with complex health needs who used a number of other services were known and remained appropriate. The district nurse, health visitor and palliative care staff were based at the practice and arrangements were in place for them to attend the weekly clinical meetings or to discuss individual patients when required.

### Information sharing

The practice used an electronic recording system which all staff were trained in how to use. The practice used special patient notes, for example for patients receiving end of life care. These notes ensured the out of hours service had a clear understanding of the patients' needs and wishes. The out-of-hours service sent records of patients seen to the practice first thing in the morning; these were checked by the on-call doctor daily to ensure any actions were completed. The practice used the 'choose and book' system (this is a national electronic referral service which gives patients a choice of place, date and time of their first outpatient appointment in a hospital). GPs told us they discussed referrals regularly, often daily at the end of surgery and learning from a significant event now included administrative staff following up urgent referrals to ensure patients had been offered or attended an appointment.

### Consent to care and treatment

Clinical staff we spoke with were aware of their responsibility to seek consent before providing treatment. They said they requested verbal consent for examinations and demonstrated their understanding of Gillick competence (these help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment) and when best interest decisions were required and the Mental Capacity Act 2005. The practice was not carrying out minor surgery so there were no consent forms for us to check.

Patients with learning disabilities and dementia were supported to make decisions through the use of care plans which they were involved in developing and reviewing.

The GPs had not been involved in any Deprivation of Liberty Safeguards and there were no incidents when restraint had been required. This was an area that the GPs had not completed any training in.

### Health promotion and prevention

The practice had a good knowledge of the health needs of the local population and used this to determine health promotion. Clinical staff we spoke with said they demonstrated healthy lifestyles to patients by walking and cycling to the practice and providing opportunistic health promotion when patients attended. Clinical staff told us they spoke with patients about how to maintain good health and for patients with long term conditions including diabetes they spoke about the importance of lifestyle on their condition.

The practice had a system for new patients to be seen by one of the nurses to seek information about the individual's and family health concerns, any issues were referred to one of the GPs. There was a range of information leaflets and folders with detailed information about health promotion, heart disease, sexual health, diabetes and immunisations. The practice website included information about how to respond to a range of minor ailments for children, women and men and information about sexual health, living healthy and vaccinations and information about a range of long term conditions to help patients understand. The practice website had links to local services.

The electronic recording system identified patients who required additional support, including patients with dementia, learning disability and those receiving end of life care. Records showed that all patients on the learning disability register had received an annual health check. Systems were in place to ensure routine health checks were completed for patients with long-term conditions. Medicines reviews were completed annually.

Less than 50% of patients over the age of 65 and those under 65 in the at risk category had the flu vaccination in 2013; the GPs said they were working to improve this number by inviting patients, displaying posters at the

Good

# Are services effective?

## (for example, treatment is effective)

practice and offering patients the vaccination when they attended the practice for other reasons. Data showed the number of childhood immunisations was above the local and national average.

Good

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 national patient survey. Ninety three per cent of respondents said their overall experience at the practice was good or very good, which was above the national average of 86%. Ninety per cent of respondents said they would recommend the GP, above the national average of 79%.

We received 37 patient comment cards from patients who visited the practice during the two weeks before our visit. Patients indicated they were satisfied and happy with the service they received at the practice. They said they were welcomed at the practice and that staff were caring, helpful, polite, professional and wonderful and the GPs were pleasant, empathetic, kind, supportive and listened.

Patients we spoke with said staff spoke with them appropriately and their privacy was maintained during appointments because doors were closed and curtains used when they were being examined.

We saw staff greeted patients by name and spoke with them respectfully. The reception and waiting area had screening and high back chairs to help provide privacy when patients booked in for their appointment, however conversations could be heard.

Records were stored securely in the office. Consultations took place in rooms with the door closed. Curtains were provided in consultation rooms to provide privacy during examinations.

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

Patients we spoke with said they were involved in making decisions about their care and treatment. According to the National GP survey 91% of respondents said that the last GP they saw or spoke to was good at involving to them in decisions with the national average at 82% and 94% said they were treated with care and concern, above the national average of 85%.

Staff said they had access to face to face and telephone interpreting services when required and information was displayed to inform patients of this service.

Patients had access to a range of information leaflets about different long term health conditions and maintaining a healthy lifestyle in the waiting area. The practice had prepared information folders on a range of long term health conditions affecting the local population that had been translated into three of the most common locally spoken languages. The nurse told us these folders were checked and updated regularly.

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

Patients and carers had access to a range of leaflets in the waiting area relating to support services available in the local area to meet their various needs. Patients we spoke with confirmed that they would know where to find support if required and said that staff were caring and provided emotional support, or advised them of how they could access emotional support when required. Comment cards received from patients reflected what patients had told us.

Information about what to do in the event of bereavement was provided on the practice website. The GPs told us they knew who carers were and would contact relatives or carers after a bereavement.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The needs of the local population were known and understood and the practice was responsive to those needs. We saw that the services provided were flexible to meet patient's needs. The CCG told us that the practice engaged with them and other practices regularly to discuss local needs and service improvements required. Areas the CCG were working on including a diabetes, mental health and integrated care, the practice had signed up to the incentive schemes which were monitored by the CCG. Clinical staff attended training updates to ensure they used the most up to date guidance and treatments. The practice offered a range of book in advance and on the day urgent appointments.

The practice had a Patient Participation Group (PPG) which met periodically. Meeting minutes showed the PPG had been involved in a practice patient survey and developing an action plan to make improvements. Changes had been made to the waiting area, with more order to posters and information leaflets, a water cooler, clock and facilities for children. In addition following feedback the practice had increased the number of services available to patients on line.

### Tackling inequity and promoting equality

The practice recognised the needs of the different groups who used the service and made changes to accommodate those needs. The reception and waiting area at Valley Road Surgery was large enough to accommodate patients with wheelchairs, prams and allowed access to the treatment and consultation rooms.

Staff told us they could access face to face or telephone interpreters to speak with patients whose first language was not English. The GPs we spoke with said they carried out home visits when required. Staff completed training in equalities and diversity.

GPs told us they provided health care services to everyone who attended. There was a service in the local area that provided health services to patients who were homeless, although the GPs we spoke with said they would see homeless patients if they attended the practice.

The electronic recording system had an indicator system to alert staff if a patient was vulnerable and if a child was subject to a child protection plan. Reception staff knew the types of appointments that needed longer time slots and were clear about prioritising appointments for children, vulnerable patients and those with caring responsibilities.

### Access to the service

The practice was open five days a week from 8.30am to 6.30pm Monday to Thursday and 8.30am to 4.30pm Friday with extended hours provided on Monday and Wednesday from 6.30-8.00pm. There were a range of bookable in advance and appointments provided for on the day emergencies. Information about how to make appointments was made available to patients in the booklet given to new patients and on the practice website. Appointments in advance could be booked by telephone and in person. Appointments on the day were bookable by telephone. The GPs carried out telephone consultations. Home visits were carried out when required. Longer appointments were made available for patients when required. Reception staff were clear about the procedures that required a longer appointment.

Patients we spoke with were generally satisfied with the appointment system and confirmed they could see a GP on the same day when they needed to, with the only issue raised being if patients wanted to see their preferred GP they may have to wait.

When the practice was closed the out of hours contact number was available via the answer phone and the practice's website.

### Listening and learning from concerns and complaints

The practice had a suitable system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for dealing with complaints. These were discussed at practice and staff meetings. Records of complaints showed they had all been responded to and patients were satisfied with the outcome or they were still being dealt with. Learning from complaints was shared with staff at practice and staff meetings and any common themes were addressed by additional training for individuals or groups of staff. Records were kept of compliments received and these were shared with staff.

# 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 GP partners had a vision to provide high quality patient care and being a family orientated practice. They aimed to do this by staff keeping up to date through training and by being a supportive employer. Although this was not written and had not been formally shared with staff, staff we spoke with wanted to provide a good quality service to patients and said they received the training and support they needed to carry out their role. The practice were aware of the needs of the local population and actions needed to meet these needs.

### Governance arrangements

There was a clear leadership structure with named staff in lead roles for safeguarding, infection control, health and safety, links with the CCG, QOF, medicines management and training. Staff we spoke with were aware of the reporting structure.

The practice had the required policies and procedures in place which staff signed to confirm they had read and understood. There was a business continuity plan in place which took account of potential disruptions to the service. The GPs and staff we spoke with were aware of the arrangements in place and were confident that in the event of an incident they would respond appropriately. Arrangements were in place to identify, record and manage risks.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing above and in line with national standards. We saw that QOF data was regularly discussed at meetings and action plans were produced to maintain or improve outcomes for patients.

### Leadership, openness and transparency

The leadership structure was clear and there was an open and transparent environment. There were leads for different areas of the practice including a GP lead for safeguarding, baby checks, mental health, training, medicines management, working with the PPG, CCG and QOF. All staff with lead responsibilities with whom we spoke were aware of their roles and responsibilities. Staff were aware of the structure and who to report issues and incidents to. Staff said they were supported to carry out their duties.

One of the GPs was involved in the 'emerging leader programme' which was being rolled out across the CCG. This involved the GP leading local priorities and initiatives.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice gathered feedback from patients through practice patient surveys, comments, compliments and complaints received. We looked at the results of their practice survey 2013, after which improvements were made to the information displayed in the waiting area and a water dispenser, clock and facilities for children were provided. A further survey was carried out in February 2014, although the response rate was less, the action plan included improving the information on the practice website. One of the GPs was the lead for the Patient Participation Group (PPG) which met two or three times a year. We saw adverts were on the practice website inviting more patients to join the group.

Staff meetings were held regularly and staff told us they were given the opportunity to voice their opinions.

### Management lead through learning and improvement

Staff were supported to continue their learning and attend relevant and regular updates. Records showed staff had an annual appraisal.

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed records of significant events which showed the practice had learned from incidents and findings were shared with relevant staff.

A range of regular meetings were held; these included a weekly clinical meeting for GPs and nurses which are recorded to ensure anyone not attending could look up discussions and actions. Partners meetings were held every six months. Reception staff said they had meetings although these were not as frequent as they had been.