# The Surgery

## Quality Report

18 Thurloe Street
London
SW7 2SU
Tel: 020 7225 2424
Tel: 020 7225 2424
Website: -

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

## Ratings

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

# Summary of findings

## Contents



## Overall summary

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

We carried out an announced comprehensive inspection at 'The Surgery' on 22 July 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 online facilities to book appointments and request repeat prescriptions, although there was no website for NHS patients to access further information on the practice.
- 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.

# Summary of findings

- The practice reviewed feedback from staff and patients, which it acted on. The practice did not have a participation group (PPG) and were trying to recruit members to the group.

We saw one area of outstanding practice:

- Patients experiencing symptoms of urinary tract infection received a urine dipstick test prior to seeing a clinical member of staff.

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

Importantly the provider should:

- Ensure regular infection control audits are carried out.
- Ensure NHS patients can access information about the service online.
- Be proactive in seeking the views of patients through the patient participation group.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. There was evidence that audit was driving improvement in performance to improve patient outcomes. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. However, data showed patient outcomes were low for the locality.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

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

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a website for private patients, but there was no website for NHS patients to access further information on the services available to them. 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

# Summary of findings

well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

**Are services well-led?**

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice monitored feedback from patients and staff, which it acted on. The practice did not have a patient participation group, although they were recruiting for members.

# 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 as good for the care of older people. The practice had a higher percentage of patients over the age of 75 (13.3% compared to the national average of 7.6%), and patients over the age of 85 (6.1% compared to national average of 2.2%). The income deprivation level affecting older people was 10 compared to the national average of 22.5.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example, performance for dementia related indicators was better than the CCG and national averages (practice 100%; CCG 90.5%; national 93.4%).

The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, which included offering the shingles vaccination. It was responsive to the needs of older people, and offered longer appointments, home visits and rapid access appointments for those with enhanced needs. Patients were reviewed following discharge from hospital and referrals to support services were made.

The practice also provided medical support to patients in a 170 bed nursing home. A GP partner visited the home every weekday and a monthly ward round of each floor was carried out to ensure all patients were reviewed. The GPs worked with a multidisciplinary team to manage the care of these patients, and we received positive feedback about the practice from a manager at the nursing home.

### People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The percentage of patients at the practice with a long standing health condition (44.3%) was lower than the national average (54%). The percentage of patients with health related problems in daily life (34.9%) was also lower than the national average (48.8%).

The GPs and nurses were responsible for chronic disease management, and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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**Families, children and young people**

Good

The practice is rated as good for the care of families, children and young people. Children aged zero to four represented 5.6% of the practice population (national average 6.0%); children aged five to 14 represented 7.8% (national average 11.4%); and those aged under 18 years represented 10.1% (national average 14.8%). The income deprivation level affecting children was 8 compared to the national average of 22.5.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children on the child protection register. Urgent access appointments were available for children who were unwell. Immunisation rates for standard childhood immunisations were similar to or above the CCG averages. Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. Appointments were available outside of school hours.

**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 age profile of patients at the practice was mainly those of working age, and the recently retired. The practice offered a range of health promotion and screening that reflected the needs for this age group. The uptake for cervical screening was similar to the CCG average and lower than the national average. The practice had facilities to book appointments and order repeat prescriptions online. However, there was no website for NHS patients to access further information on the service.

**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. The practice held a register of patients living in vulnerable circumstances including housebound patients, carers, those with a learning disability, and patients receiving end of life care. Longer appointments were offered to patients with a learning disability, and these patients had received their annual health check. The practice worked with multi-disciplinary teams in the case management of vulnerable people. They also had links with a hospice who offered palliative care and symptom control advice to patients. We were told vulnerable patients, including housebound patients, were reviewed following discharge from hospital. The practice told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in

# Summary of findings

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)**

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia, when necessary. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Clinical staff had received training on how to care for people with mental health needs. However, performance for mental health related indicators was lower than the CCG and national averages (practice 57.2%; CCG 80.7%; national 90.4%).

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 92 responses which represented 3.8% of the practice population.

- 98% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 92% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 83% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 79% feel they don't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were mostly positive about the standard of care received. Patients said staff always treated them with dignity and respect, and they felt supported in making decisions about their care and treatment.

## Areas for improvement

**Action the service SHOULD take to improve**

- Ensure regular infection control audits are carried out.
- Ensure NHS patients can access information about the service online.
- Be proactive in seeking the views of patients through the patient participation group.

## Outstanding practice

- Patients experiencing symptoms of urinary tract infection received a urine dipstick test prior to seeing a clinical member of staff.

# The 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 second CQC inspector and a GP specialist advisor. The specialist advisor was granted the same authority to enter the registered persons' premises as the CQC inspectors.

## Background to The Surgery

The Surgery provides GP led primary care services through a General Medical Services (GMS) contract to around 2,400 patients. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). It is part of NHS West London (Kensington and Chelsea, Queen's Park and Paddington) Clinical Commissioning Group (CCG). The practice also provide private medical services from the same location.

The practice staff comprise of two male GP partners, a practice nurse, a practice manager, and a small team of reception/administrative staff. Temporary administrative staff also work during certain months of the year. The GP partners cover nine sessions between them and are contracted on a 'job share' basis which means at any one time one GP is obliged to provide NHS services. The practice nurse works 20 hours per week.

The practice is located in a converted residential property with the reception office and waiting room on the lower ground floor, and three consulting / treatment rooms on the ground floor. Access to the practice is via the lower ground floor entrance.

The practice is open every weekday from 08:30 to 18:00, with the exception of Wednesday afternoon when it closes at 17:00. Appointments are offered every weekday morning from 09:00 to 11:00. Afternoon appointments are available from 16:30 to 18:00 on Monday, Tuesday, and Thursday; 16:30 to 17:30 on Friday; and there are no sessions on Wednesday afternoon. Appointments could be booked in advance over the telephone, online or in person. The practice opted 'in' for providing out-of-hours services to their patients from 07:00 to 08:30 and 18:00 to 20:00. Outside of these hours patients are directed to an out-of-hours GP, or the NHS 111 service.

The practice has a predominantly young adult and elderly population. There is a higher percentage (than the national average) of patients aged 75 years and over (13.3% compared with 7.6%), and 85 years and older (6.1% compared with 2.2%). There is a lower percentage of patients aged under 18 years (10.1% compared with 14.8%). There is a lower percentage (than the national average) of people with a long standing health condition (44.3% compared to 54%), and of people with health related problems in daily life (34.9% compared to 48.8%). The average male and female life expectancy for the CCG area is 81 for males and 83 for females (national averages 79 and 83 respectively).

The service is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures; treatment of disease, disorder and injury; family planning; and maternity and midwifery services. During our inspection we found that the provider had been administering joint injections and was not registered with the CQC for the regulated activity of surgical procedures. We brought this to the attention of the registered manager. Following our inspection the provider told us they would no longer be offering joint injections.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 July 2015. During our visit we spoke with a range of staff including: a GP partner; the practice manager; and two administrative staff. We spoke with seven patients who used the service. We also spoke to a clinical manager of a care home where patients were cared for. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 47 comment cards where patients and members of the public shared their views and experiences of the service. We also reviewed the practice's policies and procedures.

Good

# Are services safe?

## Our findings

**Safe track record and learning**

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed the records for two significant events which had occurred within the last 18 months and saw that lessons were shared to make sure action was taken to improve safety in the practice. For example, the GPs were reminded to follow-up patients who were moving between services to ensure they received care from the relevant health professionals (district nurses in this case) without delay.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 told us they attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all permanent staff had received training relevant to their role. For example, the GPs and nurse had received Level 3 child protection training, and administrative staff had received Level 1 training.
- Notices were displayed in clinical rooms and the waiting room, advising patients that a chaperone service was available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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 procedures in place for monitoring and managing risks to patient and staff safety, and a health and safety policy was available. The practice had up to date fire risk assessments and regular fire safety checks and drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises, such as infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Designated staff were responsible for overseeing infection control within the practice. There was an infection control protocol in place and staff had received up to date training. The practice received an external infection control audit in 2010 and we saw evidence that action was taken to address any improvements identified as a result. For example, the sink and flooring in the nurse's room had been replaced. There was no evidence that the practice had carried out any further infection control audits since 2010. There were cleaning schedules which outlined daily and weekly tasks for different areas of the practice, and a spot check to monitor cleaning standards and infection control was carried out every two months.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the 12 files we reviewed showed that 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was an arrangement in place for members of staff, including GPs and administrative staff, to cover each other's annual leave to ensure that enough staff were on duty. Locum nurses and GPs who were known to the practice also covered clinical sessions when needed.

**Arrangements to deal with 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. The practice had a defibrillator and medical oxygen available on the premises. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were monitored, in date and fit for use.

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.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

**Management, monitoring and improving outcomes for people**

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 81.3% of the total number of points available, with 4.6% exception reporting. This was below the clinical commissioning group (CCG) and national averages of 89% and 93.5% respectively. Data from 2013/14 showed;

- Performance for diabetes related indicators was below the CCG and national average (practice 83.3%; CCG 86.4%; national 90.3%). Examples of the practice's performance included patients with diabetes who had a blood pressure reading in the preceding 12 months of 150/90 mmHg or less (practice 91.2%, CCG 90.9%, national 91.7%); patients with diabetes with a record of a foot examination and risk classification within the last 12 months (practice 58%, CCG 88.5%, national 88.3%); and patients with diabetes who had received the seasonal flu vaccination (practice 63.8%, CCG 88.9%, national 93.4%). We asked the practice about their performance and were told some patients received private specialist care and full details of the screening undertaken were not always received from the specialist. Staff also said that information received may not have been accurately coded on the computer system, and we saw this had been discussed with clinical staff at the clinical meetings.
- Performance for hypertension related indicators was below the CCG and national average (practice 84.1%; CCG 87.2%; national 88.4%). Examples of the practice's performance included patients with hypertension who had a blood pressure reading in the preceding nine months of 150/90 mmHg or less (practice 78.6%, CCG 80.8%, national 83.1%); and patients aged 79 or under with hypertension who had a blood pressure reading in the preceding nine months of 140/90 mmHg or less (practice 71.8%, CCG 73.5%, national 75.3%).
- Performance for mental health related indicators was below the CCG and national averages (practice 57.2%; CCG 80.1%; national 90.4%). Examples of the practice's performance included patients with schizophrenia, bipolar affective disorder and other psychoses, who had a comprehensive care plan documented (practice 9.1%, CCG 83.6%, national 85.9%); and patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who had a cholesterol blood test in the preceding 12 months (practice 100%, CCG 77.6%, national 79.5%). We were told inaccurate coding had contributed to the practice's performance for carrying out care plans.
- Performance for dementia related indicators was better than the CCG and national averages (practice 100%; CCG 90.5%; national 93.4%). Examples of the practice's performance included patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (practice 87.8%, CCG 83.2%, national 83.8%).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been six clinical audits completed in the last year, three of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, benchmarking and peer review. Findings were used by the practice to improve services. For example, recent action taken as a result included amending the prescriptions for antiepileptic medicines taken by patients with epilepsy in line with guidance from the Medicines and Healthcare products Regulatory Agency (MHRA).

**Effective staffing**

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

Good

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for newly appointed members of staff that covered such topics as infection control, health and safety, fire safety, and confidentiality.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, and facilitation and support for the revalidation of doctors. All permanent staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, infection control, and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. We were told all relevant information was shared with other services in a timely way, for example when people were referred to other services. The practice had clear systems in place to ensure information relating to NHS patients and private patients were kept separate. For example, test results were accessed differently, and there were clearly labelled specimen boxes in reception identifying which samples were for NHS patients.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We were told that integrated care meetings, attended by a multi-disciplinary team including district nurses and social workers, took place to review and update care plans.

**Consent to care and treatment**

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

**Health promotion and prevention**

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A smoking advisor attended the practice every Monday morning. Practice data showed that 93.8% of smokers had been offered support with smoking cessation, and the number of 'smoking quitters' in the last 12 months was two.

The practice's uptake for the cervical screening programme was 75.6%, which was similar to the CCG average of 77.4% and lower than the national average of 81.9%. 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 similar to or above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.3% to 93.1% (CCG 73.7% to 80.7%), and five year olds from 52.2% to 87% (CCG 64.1% to 87.1%). The practice nurse monitored and followed up children who had not attended for their vaccinations. Flu vaccination rates for the over 65s were 63.99% (national average 73.24%), and at risk groups 36.63% (52.29%). In an attempt to increase flu vaccination rates, patients were invited to attend a weekend flu clinic where they received the vaccination. Patients we spoke to told us they had been sent a letter to inform them of this.

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. For example, practice data showed that 100% of new patients over the age of five had received a registration health check with a nurse or GP. Appropriate follow-ups on the outcomes of health assessments and checks were made where

Good

# Are services effective?

## (for example, treatment is effective)

abnormalities or risk factors were identified. Any patient experiencing symptoms of urinary tract infection could also receive a urine dipstick test prior to seeing a clinical member of staff.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Screens were provided in the two consulting rooms so that patients' privacy and dignity was maintained during examinations and investigations, however we noted that there was no screen in the treatment room. We were told this was due to the lack of space within the treatment room, and staff would leave the room so that patients' privacy was maintained. We noted that consultation and treatment room doors were closed during consultations and that 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 area to discuss their needs.

All seven patients we spoke with 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. The 47 CQC comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with the doctors and nurses, and the helpfulness of reception staff. For example:

- 93% said the GP was good at listening to them compared to the CCG and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 98% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 73%.

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

Patients we spoke with told us that health issues were discussed with them and 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 2015 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The percentage of patients with a caring responsibility was lower than the national average, 9.3% compared to 18.2%. The practice's computer system alerted GPs if a patient was a carer, and carers were offered health checks and the flu vaccination. Practice data showed that five out of 10 carers had received the flu vaccination. A carer's policy was in place, and information on the various avenues of support for carers was available in the waiting room.

Staff told us that if families had suffered bereavement, they were referred to or given advice on how to access support

Good

# Are services caring?

services. The practice also had a procedure to notify other health professionals who were involved in the patient's care. Two patients we spoke with confirmed they had received counselling following a referral from their GP.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the GP partners were involved in local discussions about the introduction of out-of-hospital services, GP federations, whole systems integrated care, and commissioning. The practice was also involved in discussions with the CCG about how the closure of other local healthcare providers would impact on the practice's list size.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Longer appointments were available for people with a learning disability, those with mental health conditions, and for babies.
- The nurse offered longer appointment slots for travel immunisations (first appointment), spirometry, annual reviews, and health checks.
- Home visits were available for older patients, those who were housebound, and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice was based in a listed building which was constructed prior to any compliance towards the Disability and Discrimination Act (DDA). This meant the premises could not be adapted to fully meet the needs of people with disabilities. For example, wheelchair access was not available. The GPs carried out home visits for patients who could not access the premises.
- A hearing loop and translation services were available.
- Baby changing facilities were available.
- Patients could only access a male GP, as female GP locums were only used when a partner was on leave. Staff told us that patients were informed of this when registering with the practice, and if the person preferred to register with a female GP they were signposted to other local healthcare providers. Patients we spoke with told us they were happy seeing a male GP and were aware they could see the nurse or request a chaperone for examinations.
- The practice had provided medical support to patients in a 170 bed nursing home for the past 18 years. A GP partner visited the home every weekday and liaised with staff over issues which may have arisen overnight. There was also a monthly ward round of each of the four floors of the nursing home so that every resident was seen and their care discussed with them, their relatives and the multidisciplinary team. We spoke with a clinical manager at the home who told us the system was working well as the GPs were approachable and could be accessed at the weekends and in emergencies.

**Access to the service**

The practice was open every weekday from 08:30 to 18:00, with the exception of Wednesday afternoon when it closed at 17:00. Appointments were offered every weekday morning from 09:00 to 11:00. Afternoon appointments were available from 16:30 to 18:00 on Monday, Tuesday, and Thursday; 16:30 to 17:30 on Friday; and there were no sessions on Wednesday afternoon. Appointments could be booked in advance over the telephone, online or in person. Urgent appointments were also available for people that needed them, and information on the appointment system could be found in the practice leaflet. The practice opted 'in' for providing out-of-hours services to their patients from 07:00 to 08:30 and 18:00 to 20:00. We were told that if patients contacted the practice between these times, the out-of-hours service would contact the GP who was on-call at this time. The GP would then contact the patient in emergencies. Outside of these hours patients were directed to an out-of-hours GP, or the NHS 111 service.

The practice did not have a website for NHS patients, although online access was available for booking appointments and requesting repeat prescriptions. There were different telephone lines to improve telephone access to the practice. For example, there were separate lines for NHS patients, private patients, and healthcare colleagues.

Results from the national GP patient survey 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to or above the local and national averages, and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- 98% of patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 92% of patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 83% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG and national average of 65%.

**Listening and learning from concerns and complaints**

The practice had a 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, information was included in the practice leaflet and a poster in the waiting room. Patients we spoke with were not aware of the process to follow if they wished to make a complaint, however they told us they felt comfortable requesting the information from staff

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice had also reviewed negative comments on the NHS Choices website since 2011. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, further training had been organised for a GP following a complaint.

# Are services well-led?

Good

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

## Our findings

**Vision and strategy**

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The GP partnership was formed 25 years ago and the practice were proud of the continuity of care this offered to their patients. This was reflected in their statement of purpose which stated their ethos was to provide a trusting partnership between health professionals and patients, and offer continuity of healthcare that was beneficial in the management of illnesses particularly those that were long-term. Staff we spoke to were aware of the practice's vision and understood their responsibilities in relation to this.

**Governance arrangements**

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice.
- Clinical audits led by the clinical commissioning group were used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We noted that the provider had been administering joint injections and was not registered with the CQC for the regulated activity of surgical procedures. We brought this to the attention of the registered manager. Following our inspection the provider told us they would no longer be offering joint injections.

**Leadership, openness and transparency**

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

Regular clinical meetings were held and we saw minutes to these. The practice manager met regularly with the administrative team to provide updates on complaints, significant events, and performance. We were told notes to these meetings were kept, however the practice could not locate these at the time of inspection. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with management and were confident in doing. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management 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 valued feedback from patients and monitored patient feedback via the national GP patient survey, the friends and family test, NHS choices, a comments box in reception, and complaints received. Management told us they took action on feedback received. For example, patients had requested for drinking water to be available, and the practice had put up signs in the waiting room informing patients they could request a glass of water from reception staff. The practice did not have a participation group (PPG). We saw that the practice were trying to recruit members for the PPG via posters in the reception and the practice leaflet, however staff told us the response had been poor.

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

**Innovation**

The practice encouraged continuous learning and improvement at all levels within the practice. For example, temporary administrative staff were offered training

# Are services well-led?

Good

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

opportunities in line with other staff. Training was also provided to staff in response to complaints and feedback received from patients. Staff appraisals which included a personal development plan took place annually.

The practice had a protocol in place to improve outcomes for patients experiencing symptoms of urinary tract infection. Administrative / reception staff had received in-house training to carry out urine dipstick tests. Patients were required to complete a questionnaire of their symptoms prior to providing a sample, and if concerns were identified a GP or nurse would see the patient and the sample sent to the laboratory for further analysis.