

# North Road Surgery - Crowley

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at North Road Surgery on 19 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of those relating to Legionella.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence of clinical audit; however, there was little evidence of this being used to drive improvements, and there was no audit schedule in place.
- Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment. The practice had processes in place to identify carers, and they had identified approximately 1% of the practice's list. They offered pro-active support to these patients.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Overall, patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice made good use of the facilities they had available and were in the process of securing larger premises to move into.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Policies and procedures were available to all staff, and there were processes in place for communicating to staff about changes to these.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw three areas of outstanding practice:

# Summary of findings

- The practice had a policy of continuing to provide a service to patients who were vulnerable or who had ongoing care needs once they had moved out of the area, until the patient was satisfied with the package of care had been established in their new area. This policy was applied, for example, to patients who were receiving cancer treatment, or who were substance misusers.
- The practice had employed an expert in their patient record computer system to interrogate the system in order to identify patients who were suffering from, or likely to develop, a long-term condition. As a result of this work, the practice's prevalence of patients with Chronic Heart Disease increased from 1.81% in 2014/15 to 2.14% in 2015/16. The practice also reviewed their systems for calling patients with long-term conditions for reviews, and began to liaise more closely with specialist teams to co-ordinate these

reviews. As a result, the percentage of the practice's patients with chronic obstructive pulmonary disease (COPD) who had received an assessment of breathlessness in the preceding 12 months rose from 76% in 2014/15 to 91% in 2015/16.

The areas where the provider should make improvement are:

- They should ensure that they are using clinical audit in order to drive improvement.
- They should ensure that they are taking all necessary action to manage the risk of Legionella.
- They should put in place a system to track and monitor prescription pads.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of those relating to Legionella.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Some clinical audits had been completed; however, there was limited evidence that these were used to drive quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a policy of continuing to provide a service to patients who were vulnerable or who had ongoing care needs once they had moved out of the area, until a package of care had been established in their new area.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they registered patients from a nearby facility for people who had recently been released from prison, and worked with the staff there and the wider multidisciplinary team to ensure that these patients were being provided with appropriate treatment and that any risks relating to their previous offending were managed.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice made good use of the facilities they had available and were in the process of securing larger premises to move into.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity; however, these were not all sufficiently practice-specific or up to date. They held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a service to two nursing homes, one of which housed elderly mentally ill patients.
- The practice kept a register of patients who were housebound, so that arrangements could be made for these patients to receive preventative care (such as flu vaccinations) and appointments when they were needed.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were mixed. Overall the practice achieved 82% of the total Quality and Outcomes Framework (QOF) points available, compared with an average of 90% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 81%, which was above the Clinical Commissioning Group (CCG) average of 80% and national average of 78%. The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 91% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 90% (CCG average was 90% and national average was 94%). The proportion of newly diagnosed diabetic patients who were referred to a structured educational programme within nine months of diagnosis was 50% (with an exception rate of 43%), which was below the CCG average of 94% and national average of 90%; however, we saw evidence that for the 2015/16 reporting year the practice had achieved 100% for this indicator.

Good



# Summary of findings

- The practice had employed an expert on their patient records system to review the system in order to identify as many patients as possible who potentially had, or were likely to develop, a long term condition, in order to ensure that these patients received the required treatment and monitoring.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances. In addition to a child protection register, the practice also held an “in need” register which identified children who could potentially be vulnerable.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 80% of women registered at the practice aged 25-64, which was comparable to the Clinical Commissioning Group (CCG) average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice provided new baby checks following home births.

Good



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

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

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice sent appointment reminders and health promotion information by text message.

## People whose circumstances may make them vulnerable

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

Good



- The practice had processes in place to register patients of no fixed abode or who were temporarily residing in the area, such as travellers.
- The practice registered patients from a nearby facility for people who had recently been released from prison, and worked with the staff there and the wider multidisciplinary team to ensure that these patients were being provided with appropriate treatment and that any risks relating to their previous offending were managed.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and offered longer appointments to these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a policy of continuing to provide a service to patients who were vulnerable or who had ongoing care needs once they had moved out of the area, until a package of care had been established in their new area.

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

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

Good



# Summary of findings

- The practice had 68 patients diagnosed with dementia and 86% had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the Clinical Commissioning Group (CCG) average of 86% and national average of 84%.
- The practice had 56 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 93% of these patients, compared to a CCG average of 94% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia, and provided care to patients in two nursing homes, one of which housed elderly mentally ill patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy two survey forms were distributed and 122 were returned. This represented approximately 1.7% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 comment cards and all but one were positive about the standard of care received. Patients commented that they felt that both clinical and administrative staff treated them with kindness and respect. Four of the cards we received were mixed, with positive comments about the quality of care received but negative about the availability of appointments.

We spoke with 13 patients during the inspection. All 13 patients said they were satisfied with the care they received overall and thought staff were approachable, committed and caring.

# North Road Surgery – Crowley

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to North Road Surgery – Crowley

North Road Surgery provides primary medical services in Kew to approximately 7000 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG). In 2012 the practice had registered around 1000 patients at very short notice following the closure of a nearby practice.

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 7%, which is lower than the CCG average of 9%, and for older people the practice value is 10%, which is lower than the CCG average of 11%. The practice has a smaller proportion of patients aged 15 to 29 than the CCG average, and a slightly larger proportion of patients aged 35 to 40 years and over 85 years. Of patients registered with the practice, the largest group by ethnicity are white (86%), followed by asian (8%), mixed (4%), black (1%) and other non-white ethnic groups (2%).

The practice operates from a 2-storey converted residential premises. Car parking is available on in the surrounding streets. The reception desk, waiting area, and consultation rooms are situated on the ground floor. An administrative area is on the first floor, which is accessible by a flight of stairs. The practice has access to three doctors’

consultation rooms, one nurse consultation room and one healthcare assistant’s consultation room. During the inspection the practice explained that lack of space was a challenge and that they did not have a sufficient number of consulting rooms available for the list size (which had risen dramatically at very short notice due to them agreeing to accept a share of patients from a local practice which closed suddenly). They told us that they had been raising this with NHS England for some time, and that they had recently identified a suitable site to move to, but were in the process of arranging funding.

The practice team at the surgery is made up of three part time female GPs and two full time male GP who are partners; in total 31 GP sessions are available per week. In addition, the practice also has one part time female nurse, one part time male nurse, one part time male healthcare assistant and a part time practice pharmacist. The practice team also consists of a practice manager, seven reception/administrative staff, two secretaries, and a notes summariser.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice building and phone lines are open between 8:30am and 6pm Monday to Friday. Appointments are from 8.30am to 11.30am every morning, and 2:30pm to 6pm every afternoon. Extended hours surgeries are offered between 7am and 8am and between 6:30pm and 7:30pm on Wednesdays. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.

When the practice is closed patients are directed to contact the local out of hours service.

# Detailed findings

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; family planning services; maternity and midwifery services; treatment of disease, disorder or injury and surgical procedures.

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where there were missed opportunities to diagnose cancer, due in part to the patient having been seen by several different doctors, the practice decided that once a patient had been seen by a doctor, any follow-up appointments would be booked with the same doctor, to ensure continuity of care. They ensured that there was an over-ride facility in their appointment booking system to facilitate this.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.

- A notice in the waiting room and in each consulting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and a cleaning schedule was in place; however, there was no record made of the cleaning that had been completed. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result; for example, the practice had identified the need to replace the fabric privacy curtains in the consulting rooms with disposable curtains, and we were told that these had been ordered at the time of the inspection. Staff told us that the practice nurse regularly presented sessions on different aspects of infection control during staff meetings.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice employed a pharmacist, who was responsible for reviewing medicines alerts, preparing repeat prescriptions, and reviewing prescription changes following patient hospital reviews. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice regularly reviewed their prescribing to ensure that it was in line with best practice guidelines for safe prescribing.

## Are services safe?

Blank prescription pads were securely stored; however, there was no system in place to monitor their use. Blank prescription forms were not removed from printer trays overnight, but the consulting rooms where they were kept were locked.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw examples of these.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the corridor which identified local health and safety representatives. The practice had completed a fire risk assessment. We were told that the practice tested their fire alarm regularly; however, fire drills with a full evacuation of the premises were not 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. They had previously had a Legionella risk assessment carried-out, but had not put in place the actions recommended. Immediately after the inspection, action was taken by the practice to re-assess their risk and put in place measures to mitigate any risks identified. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and panic buttons on the wall in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through medicines reviews, which were conducted with input from the practice pharmacist. Referrals to secondary care services were made via the Richmond Clinical Assessment Service, and any referrals that were declined were reviewed by GPs in their clinical meetings to identify learning.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. They had performed in line with, or better than, Clinical Commissioning Group (CCG) and national averages in all areas apart from Diabetes and Chronic Obstructive Pulmonary Disease (COPD), where they had scored below average. The practice's overall clinical exception rate was 4%, which was below the CCG average of 7% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were mixed. Overall the practice achieved 82% of the total QOF points available, compared with an average of 90% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood

pressure in the preceding 12 months was 81%, which was above the CCG average of 80% and national average of 78%. The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 91% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 90% (CCG average was 90% and national average was 94%). The proportion of newly diagnosed diabetic patients who were referred to a structured educational programme within nine months of diagnosis was 50% (with an exception rate of 43%), which was below the CCG average of 94% and national average of 90%; however, we saw evidence that for the 2015/16 reporting year the practice had achieved 100% for this indicator, with an 11% exception rate.

- Performance for mental health related indicators was comparable to CCG and national averages. The practice had 68 patients diagnosed with dementia and 86% had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and national average of 84%.

The practice had 56 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 93% of these patients, compared to a CCG average of 94% and national average of 88%.

There was evidence of clinical audit; however, we saw little evidence that audit was being used to drive improvement. There had been three clinical audits completed in the last two years, one of these was a two-cycle audit; however, the initial audit did not identify actions that would be implemented as a result. The completed audit cycle related to the fitting of intrauterine contraceptive device and the initial audit had not identified any issues with the practice's performance.

Information about patients' outcomes was used to make improvements; for example, having reviewed their QOF results for 2014/15 and compared them to the CCG averages, the practice noted that they had a lower than average prevalence for some long-term conditions. In response to this, the practice employed an expert in their patient records computer system to interrogate their patient records in order to ensure that all patients with long-term conditions were correctly coded. As a result of this work, the practice's prevalence of patients with Chronic



# Are services effective?

## (for example, treatment is effective)

Heart Disease increased from 1.81% in 2014/15 to 2.14% in 2015/16. The practice also reviewed their systems for calling patients with long-term conditions for reviews, and began to liaise more closely with specialist teams to co-ordinate these reviews. As a result, the percentage of the practice's patients with chronic obstructive pulmonary disease (COPD) who had received an assessment of breathlessness in the preceding 12 months rose from 76% in 2014/15 to 91% in 2015/16.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff could provide examples of training courses and meetings they had attended in order to keep their knowledge and skills current. The practice had arranged for their newly-appointed nurse to receive training in the care of patients with diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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 shared computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results. When the practice had registered patients at short notice from a local practice that was closing, they had taken care to ensure that the paper notes they had inherited were correctly coded and entered onto their electronic patient records system.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs; these patients were also discussed during weekly practice clinical meetings.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the nurse and the practice referred patients to a local self-help smoking cessation group for additional support.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 84% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. Whilst their male nurse did not take samples for smear tests, he was in the process of receiving training in order to be able to provide advice to patients about the procedure and its benefits. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its

patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for these tests was comparable to CCG and national averages; however, the uptake for breast screening within the target period was below average at 40% compared to a CCG average of 69% and national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% (national averages ranged from 82% to 94%) and five year olds from 76% to 98% (national averages ranged from 69% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they should offer them a private room to discuss their needs; however, their ability to do this was at times limited by the lack of space at the premises.

All but one of the 59 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) and national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 97% of patients 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%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 87% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information in the waiting area was attractively displayed and grouped onto designated notice boards, for example, there were boards for information about drinking and drugs, healthcare for children and babies, and travel advice.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 75 patients as carers which represented approximately 1% of the practice list. The practice attempted to identify patients who were carers when they registered with the practice, they also had a form and information board in the waiting area. The practice linked the electronic patient records of carers to those of the person they were caring for (if they were also registered at the practice), so that they could easily identify when a carer may be in need of additional support.

Staff told us that if families had suffered bereavement, their usual GP contacted them. A message book was kept at reception where staff would record information about patients who had been diagnosed with a serious illness so that reception staff would know to act with sensitivity towards them and their relatives.

When a patient moved away from the practice's catchment area, the practice had a policy of continuing to provide a service to them if they were vulnerable or who had ongoing care needs, until a package of care had been established in their new area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The CCG was providing a GP seven-day opening hub, which was funded by the Prime Minister's Challenge Fund. This enabled practices in Richmond to book appointments for their patients outside of normal GP opening hours and the practice used this service where required for its patients.

- The practice offered a 'Commuter's Clinic' on a Wednesday morning from 7am and evening until 7.30pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided a service to two nursing homes, including one which housed elderly mentally ill patients. They provided a weekly ward round to see these patients, as well as visits in between when required.
- The practice provided a service to residents of Kew Approved Premises (KAP), which housed individuals who had been recently released from prison, having committed serious offences. This involved both working with these patients and liaising with KAP and the local psychiatric team staff regarding patients' health and welfare.

### Access to the service

The practice was open between 8:30am and 6pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning, and 2:30pm to 6pm every afternoon. Extended hours surgeries were offered between 7am and

8am and between 6:30pm and 7:30pm on Wednesdays. Patients could also access appointments via the CCG seven-day opening Hub, which offered appointments from 8am until 8pm every day.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Appointments could be booked online, through reception either by phone or in person, or using the practice's automated telephone booking service. This service used a series of automated prompts to allow callers to select when they would like to book an appointment and to express a preference for seeing a particular GP or seeing a GP of a particular gender. The automated phone service had been introduced in response to patient feedback about finding it difficult to access appointments, and the practice had involved the Patient Participation Group (PPG) in the development of the service.

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

- 79% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice kept a register of housebound patients, so was able to quickly identify that appointment requests for these patients would require a home visit. For other patients, requests for a home visit were passed to a doctor to decide whether a visit was necessary. When a patient requested an urgent same day appointment at a time when all the available appointments had been allocated, a doctor would provide a telephone consultation with the patient, during which they would determine whether a face to face appointment was needed. In cases where the urgency of

# Are services responsive to people's needs?

(for example, to feedback?)

need was so great that it would be inappropriate for the patient to wait for a GP home visit, the practice would arrange for the patient to be seen by the CCG's Rapid Access Team.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system both on the practice's website and in the reception area. A form was available for patients to complete in order to make a formal complaint.

- Staff told us that when patients express dissatisfaction verbally they tried to put things right; however, verbal complaints were not recorded, so the practice did not have a process in place for monitoring these and spotting trends.

The practice had received four formal complaints in the past year. We looked at one complaint in detail and found it to have been satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint about the practice's process for sending warning letters to patients who persistently failed to attend appointments, the practice amended the process to include a review by one of the partners before a letter was sent to a patient, so that patients who were vulnerable could be managed appropriately.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a formalised written mission statement, however, all the staff we spoke to could describe and were committed to the practice's ethos of providing a high quality and caring service to patients. Staff told us that they were proud to work at a practice which held these values and that the partners had created this culture by leading by example and demonstrating their commitment to caring for their patients.
- The practice did not have a written business plan, however, the partners were able to explain their vision for the future of the practice and demonstrated that they had plans in place to deliver this. At the time of the inspection they were in the process of securing funding in order to move to larger premises.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Policies were in place to govern the running of the practice and these were available to all staff; however, in some cases they needed updating and making more practice-specific.
- A comprehensive understanding of the performance of the practice was maintained and we saw evidence of the practice analysing their performance and taking action to improve.
- Clinical audits had been completed; however, there was little evidence to show that these had been used to drive improvements and there was no programme of continuous clinical audit in place.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of the Legionella risk, which was addressed immediately after the inspection.

- Patients we spoke to were positive about the administrative processes at the practice, with patients who had been transferred following the closure of a nearby practice commenting in particular about how smooth they found the transition.

### Leadership and culture

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held, and that the next one was scheduled for June 2016.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, one of the nurses explained that there had been discussion amongst staff at the practice about where the anaphylaxis kit should

# Are services well-led?

Good 

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

be stored so that it was both accessible to staff but could not be accessed by patients. Several members of staff presented a view, and an agreement was made about the location and security arrangements.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had consulted with the PPG regarding options for the appointment-booking system following previous negative feedback about access to appointments, and they had also discussed ideas for reducing the number of patients who did not attend their appointments. We saw evidence that the views of the PPG were taken on board by the practice's management team and that their input was valued. At the time of the inspection the PPG was involved in campaigning to secure larger premises for the practice.

- The practice had gathered feedback from staff through staff away days, 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.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area; for example, they were part of the pilot scheme for incorporating a pharmacist into the practice team in order to optimise their prescribing. They were also involved in trialling technology to enable doctors to be able to access patient notes remotely, for example, when visiting patients in care homes.

The practice also demonstrated that they had a commitment to listening to their patients and finding innovative ways of meeting their needs; the introduction of the automated telephone booking system was an example of this and its implementation also highlighted the value the practice placed on the views and input of their Patient Participation Group (PPG).