

Shotfield Medical Practice (formerly Dr Lings & Partners)

Quality Report

Jubilee Health Centre
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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 Shotfield Medical Practice on 01 September 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider should make improvements:

- Review practice procedures to ensure there is a system in place to monitor implementation of medicines and safety alerts.
- Review practice procedures to ensure all staff receive annual basic life support training.
- Review patients' access to routine appointments.
- Ensure that patients are made aware of how to make a complaint.
- Review systems in place to ensure that patients with a learning disability are regularly reviewed.

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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

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 at or below average for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on request at reception; the information was easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was part of a health centre where patients had access to services including phlebotomy, electrocardiography, counselling, physiotherapy and smoking cessation.
- The practice provided minor surgical procedures including cryocautery, curettage and joint injections which reduced the need for referrals to hospital.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments and home visits were available for older people with long term conditions when needed.
- The practice had alerts set up for patients with visual and hearing impairments who may need extra support.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice ran nurse led clinics for patients with asthma, chronic obstructive pulmonary disease, diabetes and chronic heart disease.
- The national Quality and Outcomes Framework (QOF) data showed that 84% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 96% which was above the CCG average of 86% and in line with the national average of 88%.
- The national QOF data showed that 80% of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered 24 hour blood pressure monitoring for patients.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- 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.
- The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice patients had access to antenatal care through midwife led clinics and postnatal care through GP clinics.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments with GPs, physician associate, nurses and healthcare assistant which were suitable for working people.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; only 39% (30

Summary of findings

patients) out of 77 patients with learning disability had received a health check in the last year. The practice clinical staff had specific training in reviewing patients with learning disabilities from the local learning disability team.

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

People experiencing poor mental health (including people with dementia)

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

- 94% of 103 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 87% and national average of 88%.
- One of the practice GPs worked a session as a GP advisor with the local mental health trust which enabled closer working relationship with the trust. The practice was piloting a new initiative with pharmacists reviewing practice patients who were on medicines for their mental health. The practice had also engaged in a project which offered physical health reviews for patients with serious mental health issues with cardiovascular risk factors.
- The number of patients with dementia who had received annual reviews was 82% which was in line with the Clinical Commissioning Group (CCG) average of 81% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice patients had access to an in-house counsellor which made it easier for local patients to attend; the practice had a detailed information sheet for patients regarding this service.

Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Two hundred and fifty two survey forms were distributed and 103 were returned. This represented approximately 1% of the practice's patient list.

- 72% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 74%, national average of 73%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 29 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

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

Shotfield Medical Practice (formerly Dr Lings & Partners)

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 advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Shotfield Medical Practice (formerly Dr Lings & Partners)

Shotfield Medical Practice provides primary medical services in Wallington to approximately 11000 patients and is one of 27 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the third less deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children is in line with the CCG and national average and the practice population of working age people is also in line with the CCG and national averages; the practice population of older people is higher than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded 52% are white British or mixed British, 6% are other white and 4% are other Asian.

The practice operates in purpose built premises and it is shared with another practice. All patient facilities are wheelchair accessible with lift access to the first floor. The

practice has access to nine doctors' consultation rooms and two nurse/healthcare assistant consultation rooms on the ground floor and two doctors' consultation rooms and one nurse consultation room on the first floor.

The clinical team at the surgery is made up of four full-time GPs (two male and two female) who are partners, two part-time salaried GPs (one male and one female), one physician associate, one full-time practice nurse and three part-time female practice nurses and one part-time female healthcare assistant. The non-clinical practice team consists of practice manager, deputy practice manager and 24 administrative and reception staff members. The practice provides a total of 45 GP sessions per week.

The practice is merging with Beddington Medical Centre on 30 September 2016 during which all staff and patients from Beddington Medical Centre will move to Shotfield Medical Centre.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee doctors and physician associates (Physician associates are trained to conduct physical examinations, diagnose and treat illness, order and interpret tests and counsel on preventive health care; they worked under the supervision of GPs).

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:30am to 12:00pm and 4:00pm to 6:00pm every day. Extended hours surgeries are offered on Mondays and Wednesdays from 6:30pm to 7:30pm and on Tuesdays and Thursdays from 7:30am to 8:00am.

Detailed findings

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Sutton CCG.

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

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 01 September 2016.

During our visit we:

- Spoke with a range of staff including three reception and administrative staff, the practice manager, deputy

practice manager, four GPs, two practice nurses and the healthcare assistant and we spoke with 13 patients who used the service including three members of the practice's Patient Participation Group (PPG).

- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system.
- All clinical and non-clinical staff were aware of significant events and staff we spoke were able to give us an example of a recently discussed significant event.
- The practice had no formal system in place to monitor implementation of medicines alerts; however we saw evidence of the implementation of recent medicines and safety alerts.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the surgery had two patients with similar names; the incorrect patient was booked for an appointment and attended the appointment. The GP realised this mistake when the patient attended the appointment. Alerts were added to both patients notes. Following this staff were reminded to check the patient's name and date of birth and to look for alerts when booking an appointment.

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

Overview of safety systems and processes

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

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

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.

- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken on a monthly basis and we saw evidence that action was taken to address any improvements identified as a result. The practice had a detailed cleaning procedure for clinical equipment for clinical staff to follow.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. 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 practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered

Are services safe?

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 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. The practice used locum GPs occasionally and performed all the required pre-employment checks. The practice had a detailed locum induction checklist and a locum induction pack.

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. The practice had up to date fire risk assessments and carried out regular fire drills. They also had identified fire marshals. 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff had received annual basic life support training; however non-clinical staff received this training every three years; during the inspection the practice informed us that they will make this a yearly training for all staff. 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 was available. The practice had a detailed first aid at work and emergency response handbook for staff; they also had a detailed guide for staff to follow when calling an ambulance.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and included premises and clinical risk assessments. The plan included emergency contact numbers for staff.
- The practice took part in the pilot for emergency preparedness conducted by the National Institute for Health Research and led by King's College London. The aim of the project was to minimise the health impacts of emergencies by bringing together experts who can address these problems and work together to protect people during a health crisis.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available, with 9.8% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 84% (20.1% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 96% (10.2% exception reporting) which was above the CCG average of 86% and in line with the national average of 88%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (11.1% exception reporting), which was above the CCG average of 95% and national average of 93%.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 97% (5.6% exception reporting), which was in line with the CCG average of 96% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 94% (8.3% exception reporting) of patients a comprehensive agreed care plan in the last 12 months compared with the CCG average of 87% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 82% (5.7% exception reporting) which was in line with the CCG average of 81% and national average of 84%.
- The national QOF data showed that 80% (0.8% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 75%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 91% (1.0% exception reporting) compared with the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been 24 clinical audits carried out in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to improve the care and management of patients with dementia. In the first cycle the practice identified 91 patients with a diagnosis of dementia of which only 30 patients attended a memory clinic and only 59 patients had a review in the previous 15 months. In the second cycle, after changes had been implemented, the practice had identified further 12 patients (103 patients in total) with a diagnosis of dementia of which 38 patients had attended a memory clinic and 86 patients had a review in the previous 15 months which was a significant improvement.
- Another clinical audit was undertaken to ascertain if patients with middle ear infection were prescribed antibiotics according to best practice guidelines. In the first cycle the practice identified two patients out of 18 patients who were not prescribed antibiotics according to best practice guidelines. In the second cycle, after changes had been implemented the practice identified nine patients out of 37 patients who were not

Are services effective?

(for example, treatment is effective)

prescribed antibiotics according to best practice guidelines. The results were worse when compared to the first cycle; the practice told us this was due to the improvement of coding of these patients as the practice identified more patients with this condition when compared to the first cycle. Due to these results the practice were planning to re-audit to monitor practice.

- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing. They also took part in the National Chronic Kidney Disease audit to ascertain the effectiveness of usual care.
- The percentage of patients who were treated with antibiotics was 11%, which was above the CCG average of 8% and national average of 5%. Due to the high prescribing of antibiotics the practice performed regular audits to monitor performance. We found that antibiotics were appropriately prescribed in a review of five patient records. Recent data also indicated a reduction in the proportion of antibiotics prescribed by the practice.
- The practice had participated in research projects including a study about reducing the risk of cardiovascular disease linked to depression and a study looking at high risk cardiovascular disease patients and the effectiveness of enhanced motivational interviewing intervention in reducing weight and increasing physical activity.

Effective staffing

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

- The practice had a comprehensive induction programme, induction pack and detailed induction checklist for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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 online 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. The practice reviewed all newly appointed staff in three months and six months following their employment in addition to their annual appraisal. We spoke to a member of staff who had started working at the practice as a receptionist and had been supported and trained to undertake more senior roles in the practice.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice hosted regular educational events from specialists for clinical staff on topics such as paediatric dermatology and diabetes; they also hosted in house workshops in topics such as end of life care. Recently the practice had undertaken a project on cancer and end of life care led by a practice GP with assistance from Cancer Research UK.
- The practice had employed a physician associate trained to conduct physical examinations, diagnose and treat illness, order and interpret tests and counsel on preventive health care. They worked under the supervision of GPs and assisted in emergency surgery and chronic disease management clinics.

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 investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had daily clinical discussions and weekly clinical meetings which involved all clinical staff where they reviewed the needs of patients, considered appropriate pathways, discussed clinical issues, referrals, audits, significant events and protocols. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also had monthly practice nurse meetings which involved practice nurses and healthcare assistants where they discussed practice nurse specific clinical issues, training and updates from local Clinical Commissioning Group practice nurse forum. The practice staff attended practice manager, practice nurse and healthcare assistant forums provided by local clinical commissioning group; this enabled staff to be aware of local initiatives and provided an opportunity to network and share information.

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.
- We found that the consent obtained for minor surgical procedures were satisfactory.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.
- The practice had recently achieved a certificate of excellence for top performing provider for the chlamydia screening programme from a charity organisation.
- The practice took part in a social prescribing needs assessment and referral scheme in which patients with social, emotional or practical needs were referred to local non-clinical services. The practice told us this improved patients' healthy lifestyle, management of patients with long term conditions and helped in weight reduction for those who were overweight; however this service had not been reviewed by the practice to see the impact on patients. The practice made 40 referrals to various local services as part of this scheme.

The practice's uptake for the cervical screening programme was 83%, which was in line with the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 74% compared with 66% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 60% compared with 56% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 80% to 94% and five year olds from 85% to 98%. Flu immunisation rates for diabetes patients were 96% which was above the CCG and national averages.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 29 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However six patients indicated that they had to wait two to three weeks for a routine appointment, two patients indicated that it was difficult to reach the surgery by phone and three patients indicated that the reception staff were not helpful. The practice was aware of the telephone access issue and was in the process of reviewing their telephone system; we found that the next routine pre-bookable appointment was available in a week's time.

We spoke with 13 patients including three members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Four patients we spoke to mentioned that they had to wait longer to get a routine appointment.

Results from the national GP patient survey showed the practice were in line with the local and national averages. For example:

- 92% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 90%; national average of 89%).
- 85% said the GP gave them enough time (CCG average 88%, national average 87%).

- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 85% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was in line with or below average for consultations with GPs and nurses. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.4% (152 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had carers protocol for identifying and appropriately referring them to adult care services for carers assessment.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Patients could electronically check in on the touchscreens available in the reception area. The waiting area had screens which displayed and announced the name of the patient and the room number when the patients were called in for their appointment.
- The practice offered a text messaging service which reminded patients about their appointments.
- The practice used regularly language interpreters and sign language interpreters for patients. The practice also had alerts set up in the computer system for these patients.
- The practice was part of a health centre where patients had access to services including phlebotomy, electrocardiography, counselling, physiotherapy and smoking cessation.
- There was a free telephone for patients in the waiting area for booking cabs.
- The practice provided minor surgical procedures including cryocautery, curettage and joint injections which reduced the need for referrals to hospital.

Access to the service

The practice was open between 08:00 and 6:30pm Monday to Friday. Appointments were available from 8:30am to 12:00pm and 4:00pm to 6:00pm daily. Extended hours surgeries were offered on Mondays and Wednesdays from

6:30pm to 7:30pm and on Tuesdays and Thursdays from 7:30am to 8:00am. 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. The practice operated a telephone triage system to assess the need for urgent appointments.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with the local and national averages.

- 74% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 77%; national average of 76%).
- 72% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

Four patients we spoke to mentioned that they had to wait longer to get a routine appointment.

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.
- Complaints information was not displayed in the waiting area but was available on request at reception.

We looked at 14 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about a missing prescription. The practice investigated this incident and found that they had an IT issue which caused a delay in the

Are services responsive to people's needs?

(for example, to feedback?)

issue of prescriptions; the practice apologised to the patient and issued the prescription immediately. Following this incident the prescribing staff were advised to ensure IT delays do not affect the issue of prescriptions.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice had weekly management meetings with the practice manager, GPs, physician associate and senior nurse where they reviewed current issues, targets, practice development, complaints and significant events.
- The practice had bi-monthly reception team meetings with reception staff where reception specific issues were discussed including relevant significant events.
- The practice had bi-monthly administration team meetings with administrative staff where administrative issues were discussed.
- The practice had recently started a bi-monthly staff meeting where representatives from all staff groups including administration, reception, nursing and GP attended.
- The practice had a monthly staff bulletin which had key information for staff such as new or revised protocols or policy documents, reminders, guidance, general information and changes in procedure.

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- We found that learning was embedded in the culture of the practice.
- 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.
- All staff were aware of the upcoming merger with another practice and were involved in the discussions about this. Patients were kept informed about the merger and we saw a reminder notice for patients regarding this.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Good 

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

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 practice had an active PPG with 10 members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had improved its website to make it more user friendly and had introduced text messaging service for appointment reminders. The members of the PPG encouraged patients in the waiting area to use online access. The practice acknowledged that the PPG assisted in their proposal to merge with another local practice. The PPG had a meeting with the practice to discuss the merger which provided an opportunity to ask questions. There was also a public meeting with patients from both the practices which included the local MP. The PPG told us they felt positive about the merger and felt that it had a lot of advantages for example access to more male GPs.
- 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.

- The practice had recently performed a patient satisfaction survey for the nursing services provided by the practice. Thirty nine patients completed the survey; results indicated a high level of satisfaction with the level of care they received from the nurse and that patients were seen within an acceptable time frame during an appointment.

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 the practice took part in an emergency preparedness pilot conducted by National Institute for Health Research and led by King's College London. The aim of the project was to minimise the health impacts of emergencies by bringing together experts who can address these problems and work together to protect people during a health crisis.

The practice was also piloting a new initiative with mental health pharmacists reviewing practice patients who were taking medicines for their mental health. The practice had also engaged in a project which offered physical health reviews for patients with serious mental health issues with cardiovascular risk factors.