

Grand Drive Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Grand Drive Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grand Drive Surgery on 10 January 2017. 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; however the significant events were not widely discussed with all staff.
- Risks to patients were assessed and well managed with the exception of fire drills.
- 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 must make improvements:

- Ensure fire drills are regularly undertaken.
- Ensure all staff have undertaken annual basic life support training and that all clinical staff have undertaken Mental Capacity Act training.

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

Summary of findings

- Review practice procedures to ensure significant events are widely discussed with all staff and for a system to be developed to monitor implementation of medicines and safety alerts.
- Ensure that a failsafe thermometer is installed on all the refrigerators that are used to store medicines.
- Review practice procedures to ensure there is a clear system to monitor prescriptions that are not collected.
- Review practice procedures to ensure all staff have yearly appraisals.
- Review practice procedures to ensure all patients with a learning disability have regular health checks.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Risks to patients were assessed and well managed with the exception of fire drills. Some of the staff had not undertaken mandatory training.
- Lessons were shared to make sure action was taken to improve safety in the practice; however significant events were not widely discussed with all staff.
- There was an effective system in place for reporting and recording significant events.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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; however some of the non-clinical staff had not received a regular appraisal.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP Patient Survey showed patients rated the practice at or slightly below average for many aspects of care.

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.

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.
- 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 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 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.

Good



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. The practice healthcare assistant regularly visited housebound patients and performed domiciliary phlebotomy; this covered the shortages with local domiciliary phlebotomy services.
- Longer appointments and home visits were available for older people with long term conditions when needed.
- All patients over the age of 75 had a named GP which helped with the continuity of care.
- One of the practice GPs helped design a local health centre and helped in the development of Holistic Assessment and Rapid Investigation (HARI). This enabled the practice to arrange rapid assessment of patients in a local environment for many conditions.

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 86% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients with diabetes who had received a foot examination in the preceding 12 months was 94% which was above the CCG average of 84% and national average of 89%.
- The national QOF data showed that 74% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.

Summary of findings

- 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 had a significantly below average unplanned hospital admissions for patients with long-term conditions.
- The practice GPs had personal patient lists which facilitated continuity of care of these patients.
- The practice patients had access to in-house anticoagulation clinics which reduced the need for patients to visit a hospital.

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 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 85%, which was in line with the Clinical Commissioning Group (CCG) average of 81% 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 and postnatal care through GP clinics which included 6-8 week checks.
- The practice recorded the immunisation status of all patients under the age of 25 and these patients were invited to complete the course of immunisations.
- The practice patients had access to in-house clinics for menorrhagia (menstrual period with excessive bleeding) and coil fitting.

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 reflects the needs for this age group. About 24% (2,150 patients) of patients in the surgery had registered for online access.
- The practice offered extended hours appointments with GPs and nurses which suited working age 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.

- 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 69% (20 patients) out of 29 patients with a learning disability had received a health check in the last year.
- 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.
- The practice had alerts set up for vulnerable children and families on their electronic patient management system.

Good



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).

- 97% of 83 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 90% and national average of 89%.

Good



Summary of findings

- The number of patients with dementia who had received annual reviews was 85% which was in line with the Clinical Commissioning Group (CCG) average of 85% 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 performed a review of all patients over the age of 75 during 2014 and 2016; this significantly improved their dementia diagnosis rate and the practice had the second highest dementia prevalence out of the 24 local practices.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice held quarterly meetings with their local mental health lead to discuss patients with severe mental health conditions.

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 seventy five survey forms were distributed and 124 were returned. This represented approximately 1.4% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 63%, national average of 73%).
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 80%, national average 85%).

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 14 comment cards which were all 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 11 patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Grand Drive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC Inspector and a GP specialist advisor.

Background to Grand Drive Surgery

The Grand Drive Surgery provides primary medical services in Raynes Park to approximately 9000 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). The practice population is in the least 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 below the CCG and national averages and the practice population of working age people is in line with the CCG and above the national average; the practice population of older people is in line with the local and above national averages. Of patients registered with the practice for whom ethnicity data was recorded 72% are White British and 28% others.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to six GP consultation rooms and one nurse and one healthcare assistant consultation room on the ground floor.

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 GPs.

The clinical team at the surgery is made up of four GPs (one male and three female) who are partners, three salaried GPs (all female), two female practice nurses and one female healthcare assistant. The non-clinical practice team consists of practice manager, assistant practice manager and 10 administrative and reception staff members. The practice provides a total of 35 GP sessions per week; In addition seven sessions are provided by GP trainees.

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available from 8:00am to 6:30pm Monday to Friday. Extended hours surgeries are offered on Wednesdays to Fridays from 7:30am to 8:00am and on Thursdays from 6:30pm to 8:30pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Merton 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 and family planning.

Why we carried out this inspection

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

Detailed findings

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 10 January 2017.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, practice manager, assistant practice manager, two GPs, practice nurse and we spoke with 11 patients who used the service including six 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. The practice had meetings after each significant event which was attended by GPs and practice manager; however the significant events were not widely discussed. The practice informed us that learning outcomes from these meetings were disseminated to all relevant staff.
- The practice had no formal system in place to monitor implementation of medicines and safety alerts; however we saw evidence of the implementation of two recent medicines and safety alerts and clinical staff were aware of these.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was given an influenza vaccine twice in error once in the practice and once during a home visit. The practice apologised to the patient, investigated this incident and took the necessary steps to keep the patient safe. Following this incident the practice changed its procedure for home visits to ensure this does not happen again.

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. 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 all staff had received up to date training. Infection control audits were undertaken on a regular basis and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had no failsafe thermometer installed on two out of three fridges that stored medicines and did not perform monthly calibration checks for these two fridges as required. 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; however the practice did not have a clear system to monitor prescriptions that had not been collected after a defined period. 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

Are services safe?

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 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.

Monitoring risks to patients

Risks to patients were assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments; however they did not carry out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

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.
- Clinical staff received annual basic life support training; however non-clinical staff received this training every three years. The practice informed us that they would make this a yearly training for all staff; the day following the inspection the practice booked this training for all non-clinical staff on 13 February 2017 and sent us evidence to confirm this. 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; however the oxygen cylinder was less than half full. The practice ordered a replacement oxygen cylinder the day following the inspection and sent us evidence to confirm this. 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 100% (Clinical Commissioning Group average 95.2%; National average 95.3%) of the total number of points available, with 10.4% (CCG average 8.4%; national average 9.8%) clinical exception reporting. We found that the exceptions were appropriately reported. (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 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 86% (21% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients with diabetes who had received a foot examination in the preceding 12 months was 94% (10.5% exception reporting) which was above the CCG average of 84% and national average of 89%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 80%, which was below the CCG average of 87% and national average of 84%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 93%, which was above the CCG average of 85% and national average of 87%. The practice healthcare assistant undertook weekly domiciliary phlebotomy visits for housebound patients on anticoagulation therapy; the practice informed us that this improved their monitoring of patients on anticoagulation medication.
- Performance for mental health related indicators was above the CCG and national averages; 97% of patients a comprehensive agreed care plan in the last 12 months compared with the CCG average of 90% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 85% (4.7% exception reporting) which was in line with the CCG average of 85% and national average of 84%.
- The national QOF data showed that 74% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 73%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 92% (higher than average exception reporting of 21.6%) compared with the CCG average of 92% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits carried out in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if broad spectrum antibiotics were prescribed according to best practice guidelines. In the first cycle the practice found that only 26% (13/50 patients) of patients were appropriately prescribed antibiotics according to local guidelines. Following the audit the practice discussed the findings in a practice meeting and all clinicians were instructed to review local prescribing guidelines. In the second cycle after changes had been implemented, the practice found 67% (14/21 patients) of patients were appropriately prescribed antibiotics according to local

Are services effective?

(for example, treatment is effective)

guidelines; this was a significant improvement when compared to the first cycle and they found that their prescribing of broad spectrum antibiotics had generally reduced.

- 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.

Effective staffing

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

- The practice had a comprehensive induction programme and induction checklist for all newly appointed clinical and non-clinical staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety, confidentiality and basic life support. The practice had a detailed staff handbook and reception staff handbook
- 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 clinical staff had received an appraisal within the last 12 months; however seven out of 12 non-clinical staff have not received an appraisal in the last 12 months; the practice had plans to complete the appraisals for these staff in the next month.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness; however non-clinical did not receive annual basic life support training and only received this training every three years;

this was arranged after our inspection. Staff had access to and made use of e-learning training modules and in-house training. All staff had protected learning time to do the training.

- The lead practice nurse was undertaking a mentoring and nurse practitioner course and was mentoring the practice healthcare assistant.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used a risk stratification tool that analysed medicine interactions and blood result anomalies; the practice GPs reviewed the patients when risks were identified.
- The practice's A&E attendance rate was in the lowest third when compared to other local practices.

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 held monthly clinical meetings which involved GPs and practice manager where they discussed the needs of patients, referrals, significant events and alerts. 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 held monthly practice nurse meetings which was attended by the practice nurse and healthcare assistant where they discussed nurse specific issues.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005; however not all clinical staff had undertaken mental capacity act training.
- 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.

- 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's uptake for the cervical screening programme was 85%, which was in line with the Clinical Commissioning Group (CCG) average of 81% and the national average of 81%. 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.

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 5% to 95% and five year olds from 71% to 97%. Flu immunisation rates for diabetes patients were 98% 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.

All of the 14 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.

We spoke with 11 patients including six 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.

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

- 93% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 89% said the GP gave them enough time (CCG average 84%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG average 85%, 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 above average for consultations with GPs and nurses. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.9% (170 patients) of the practice list as carers. The practice had performed an audit to improve their identification of carers; following the audit the number of carers the practice had identified improved from 12 in July 2016 to 170 in November 2016. Written information was available to direct carers to the various avenues of support available to them. The practice had patient care navigators who signposted patients to local support.

Are services caring?

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. Only 69% (20 patients) out of 29 patients with a learning disability had received a health check in the last year.
- The practice GPs had personal patient lists which facilitated continuity of care of patients.
- 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.
- The facilities were accessible and translation services available.
- 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 waiting 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 patients had access to in-house clinics for menorrhagia (menstrual period with excessive bleeding) and anticoagulation (patients taking medicines that help prevent blood clots); this allowed for patients to be seen locally and reduced the need for referrals to local hospitals.
- The practice healthcare assistant regularly visited housebound patients and performed domiciliary phlebotomy; this covered the shortages with local domiciliary phlebotomy services. This is a service the practice provided without reimbursement.
- The practice performed a review of all patients over the age of 75 during 2014 and 2016; this significantly improved their dementia diagnosis rate and the practice had the second highest dementia prevalence out of the 24 local practices.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:00am to 6:30pm Monday to Friday. Extended hours surgeries were offered on Wednesdays to Fridays from 7:30am to 8:00am and on Thursdays from 6:30pm to 8:30pm. 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 duty doctor system each day where one of the GPs triaged and covered all the emergency appointments from 8:00am to 6:30pm Monday to Friday.

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

- 72% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 73%; national average of 76%).
- 86% patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 60% patients said they always or almost always see or speak to the GP they prefer (CCG average 50%, national average 59%).

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.

We looked at eight complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. The practice had a plan to manage each complaint and we saw evidence that 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 complained that misleading information about their test result was provided

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

by a member of reception staff. The practice apologised to the patient and discussed this incident in a staff meeting. Following this the practice changed its procedure which only allowed GPs to contact patients to inform or discuss test results.

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. The practice had leads assigned for both clinical and non-clinical areas.
- 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; however the practice had high exception reporting on the Quality and Outcomes Framework indicators for diabetes, Chronic Obstructive Pulmonary Disease, Dementia and Mental Health.
- The practice held monthly practice meetings with the GPs and practice manager where they discussed significant events, performance, general staff issues and finance.
- The practice held bi-monthly team meetings with the reception and administrative staff where they discussed reception and administrative specific issues.
- 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; however the practice had not

undertaken regular fire drills, had no formal system to monitor the implementation of medicines and safety alerts and had no failsafe thermometer installed in two out of three fridges.

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.

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

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

Are services well-led?

Good 

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

through surveys and complaints received. During the inspection we spoke to six members of the PPG. The practice had an active PPG with nine members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example the practice changed its appointment system (introduced telephone triage instead of sit and wait for emergency appointments), re-arranged the waiting area and changed the chairs in the waiting area.

- 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 the practice participated in a pilot project in which the practice monitored patients taking anticoagulation medication in the community; this allowed the patients to have their care delivered at the practice instead of them travelling to the local hospital. The practice was one of the nine practices (out of local 24 practices) that took part in this pilot; the practice continued to provide this service after the pilot had ended.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that fire drills are regularly undertaken.</p> <p>The provider had not ensured that all staff have annual basic life support training and all clinical staff have Mental Capacity Act training relevant to their role.</p> <p>This was in breach of regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>