

# Grove Park Terrace Surgery

## Quality Report

25 Grove Park Terrace  
Chiswick  
London  
W4 3JL

Tel: 020 8630 1680

Website: [www.groveterracesurgery.co.uk](http://www.groveterracesurgery.co.uk)

Date of inspection visit: 27 September 2017

Date of publication: 28/11/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### 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
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Grove Park Terrace Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Grove Park Terrace Surgery on 18 November 2014. At that inspection we found the practice in breach of legal requirements and rated it as requires improvement for providing a safe service. The practice was rated as good overall. The full comprehensive report on the November 2014 inspection can be found by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive follow-up inspection on 27 September 2017. This report sets out our findings. The practice had made improvements in response to our previous inspection and the practice is now rated as good for all key questions and overall.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The provider was aware of the requirements of the duty of candour.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff were trained and had the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of patient feedback.
- The practice performed well on the national GP patient survey on access to the service. Patients reported being able to make and appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had suitable facilities and was well equipped to treat patients and meet their needs. The premises environment showed signs of wear and tear but, at the time of the inspection, was safe.

# Summary of findings

- 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 areas where the practice should make improvement are:

- The practice should document practice and patient group meetings promptly for ease of reference and to share with members unable to attend.

- The practice had identified 11 patients who were carers that is 0.3% of the practice list. The practice should continue to actively identify patients who are carers to ensure that they receive appropriate support and their needs are met.

**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.

Good



- There was an effective system for reporting and recording significant events and other types of incidents.
- Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents. It regularly risk assessed the medicines and equipment it kept to assure itself that these arrangements were appropriate.

### 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 the national average.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### 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 in line with or higher than others for several aspects of care.

# Summary of findings

- Survey information we reviewed showed that patients said they were treated with care and concern and they were involved in decisions about their treatment.
- Information for patients about the services available was accessible.
- The practice took steps to maintain patient and information confidentiality.
- The practice had identified a small number of patients who were carers. The practice was sensitive to their needs.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population, for example offering a range of primary care services relevant to the needs of its younger population.
- The practice took account of the needs and preferences of patients with life-limiting conditions.
- Patient feedback was positive about access to the service. The practice scored above average on the national patient GP survey for questions on access. Urgent appointments were available the same day.
- The practice had suitable facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and displayed. The practice had not received any formal complaints since our previous inspection but actively reviewed other forms of feedback.

## 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

# Summary of findings

- The principal GP and practice manager encouraged a culture of openness and honesty. The clinicians and staff members were aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged and supported its patient participation group.
- There was a 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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice had a relatively small group of patients aged over 65 and was able to offer personalised care to meet the needs of the older patients in its population with continuity of care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence. For example the health care assistants visited housebound patients at home to administer flu vaccinations.

### People with long term conditions

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

Good



- The practice maintained registers of patients with long term conditions. These patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The principal GP had a specialist interest in diabetes. Nursing staff also had lead roles in long term disease management.
- Practice performance on diabetes was above average. For example in 2015/16, 87% of diabetic patients had blood sugar levels that were adequately controlled compared to the clinical commissioning group and national averages of 74% and 78% respectively.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

# Summary of findings

- Patients at risk of hospital admission were identified as a priority. There were emergency processes for patients with long term conditions who experienced a sudden deterioration in health.

## Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. The practice was responsive to the sexual health needs of young people, for example encouraging chlamydia testing.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal checks.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example appointments were available until 8pm on Tuesday and Thursday evenings and from 7.30am on Wednesday morning.
- The practice was proactive in offering online services including online appointment booking and an electronic prescription service.
- The practice offered a full range of health promotion and screening services reflecting the needs for this age group, including offering the meningitis ACWY vaccine for older teenagers.

Good





# Summary of findings

- The practice recognised the needs of students returning home during the holidays, and enabled them to use the service as 'temporary' patients when necessary.

## 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 those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and called these patients in for an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

Good



- Patients at risk of dementia were identified and offered an assessment. The practice carried out advance care planning with patients living with dementia.
- All ten practice patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, 92% of patients diagnosed with a psychosis had a comprehensive care plan in their records, which was in line with the national average of 89%.

# Summary of findings

- The practice monitored repeat prescribing for patients receiving medicines for mental health needs. The practice also monitored changes in patients' social circumstances for example, career or benefits changes.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including the local mental health unit and specialist drug and alcohol recovery services.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations, for example local counselling services.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

At our previous inspection of 18 November 2014, we noted the national GP patient survey results for the practice were positive.

The most recent national GP patient survey results were published in July 2017. The survey programme distributed 340 questionnaires by post and 97 were returned. This represented 3% of the practice's patient list (and a response rate of 29%). The practice's survey scores were consistently above the local and national averages.

- 92% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 71%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and the national average of 84%.

- 77% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 86% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 93% of patients described the receptionists as helpful compared to the CCG average of 85% and the national average of 87%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

The practice also participated in the NHS Friends and family questionnaire survey with positive results. It had an active patient participation group and had made improvements as a result of patient feedback.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should document practice and patient group meetings promptly for ease of reference and to share with members unable to attend.
- The practice had identified 11 patients who were carers that is 0.3% of the practice list. The practice should continue to actively identify patients who are carers to ensure that they receive appropriate support and their needs are met.

# Grove Park Terrace Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

## Background to Grove Park Terrace Surgery

Grove Park Terrace Surgery provides primary care services through a personal medical services (PMS) contract to 3750 patients in the local area. The practice has extended its catchment area beyond Chiswick to cover parts of Brentford and Kew in response to patient demand. The practice is part of the NHS Hounslow Clinical Commissioning Group.

The practice serves a young population group with almost half of patients aged between 15 and 44 years old. Around a quarter of patients are aged under 14 and only 6% are aged over 65. The practice population is predominantly white but has become increasingly culturally and ethnically diverse. The practice area is relatively affluent overall but this masks considerable variation at the individual level. There is a high local prevalence of diabetes, asthma and hypertension in the local population.

The practice has an informal reciprocal arrangement to offer private primary care consultations to patients registered at a neighbouring practice. This is a service sometimes requested for example, by patients with private health insurance.

The practice team comprises of the principal GP, a salaried GP, a nurse practitioner, practice nurse, health care assistant, practice manager and a team of reception and

administrative staff. Patients have the choice of a male or female GP. The practice is a training practice and offers two working placements to GP registrars undergoing training. The practice typically provides 20 clinical sessions per week.

The practice is located in a converted property over two floors with lift access to the first floor. The practice is fully accessible to patients with physical disabilities.

The is open between 8am and 6.30pm during the week, apart from Wednesday when the practice closes between 1pm and 2.30pm for staff meetings or training. Appointments with a doctor are available morning and afternoon from Monday to Friday. Extended hours appointments are also available every Tuesday evening until 8pm.

When the practice is closed, patients are signposted to the NHS 111 service, the out-of-hours primary care service or in the case of a serious emergency they are directed to attend A&E. Information about how to contact the out of hours service is provided on the practice website and on a recorded telephone message.

The practice offers a range of clinics and services including well-person health checks, contraception, cervical smears, immunisations, travel vaccinations, blood tests, sexual health, blood pressure monitoring and diabetes and asthma checks. Minor surgery and IUD fittings are also offered.

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

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive follow-up inspection of Grove Park Terrace Surgery on 27 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was because the service had been identified as not meeting all legal regulations at our previous inspection on 18 November 2014 and because the practice had been rated as requires improvement for providing safe services. Specifically, we identified a breach of:

- Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers. In particular we found the practice was not carrying out periodic infection control audits and had not had a Legionella risk assessment carried out by a suitably qualified person.

The full comprehensive report on the November 2014 inspection can be found by selecting the 'all reports' link for on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice including the action plan the practice had submitted after the previous inspection and asked other organisations to share what they knew. We carried out an announced visit on 27 September 2017. During our visit we:

- Spoke with the principal GP, the salaried GP, the nurse practitioner, the practice manager and a receptionist.

- Observed how patients were greeted on arrival at reception and reviewed patient feedback about the service.
- Reviewed the electronic appointments system.
- Reviewed a range of practice policies and related documentary evidence, such as infection control protocols, monitoring checks and audits.
- Inspected the practice premises, facilities and equipment.

This follow up inspection was carried out to check that required improvements had been made. We inspected the practice against the five questions we ask about services:

- 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 the time of the visit.

# Are services safe?

## Our findings

At our previous inspection on 18 November 2014 we rated the practice as requires improvement for providing safe services. This was because:

- We did not have confidence in the practice's infection prevention and control procedures. The practice had not carried out periodic audits of infection prevention and control. The practice could also not show that it had acted on recommendations arising from its Legionella risk assessment.

These arrangements had improved when we undertook a follow up inspection on 27 September 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system in place for reporting and recording significant events and other types of incidents.

- Staff told us they would inform the principal GP or practice manager of any significant events or incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had not recorded any significant events since our previous inspection although it had recorded and investigated other types of incidents and the clinicians routinely reviewed any deaths or new cases of cancer. Practice policy was to communicate openly with patients if something had gone wrong.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where issues were discussed. We saw evidence that significant events and incidents were discussed at clinical meetings and action taken as a result. Learning was also routinely shared with another practice in the area with which this practice had close links. For example, the Grove Park Terrace Surgery had strengthened its process for tracking two week wait cancer referrals following a significant event at the other practice.

- Safety alerts were received electronically by the GPs and the practice manager who now checked that clinical staff had received and were aware of any necessary action required. The practice provided evidence that it had acted on recent alerts.

### Overview of safety systems and processes

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

- The practice had reviewed its policy and the operating procedures in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.
- Policies were accessible to all staff, including locum staff, and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

The principal GP was the practice lead for adult and child safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. The GPs and nurse practitioner were trained to child safeguarding level 3. The practice nurse was trained to child safeguarding level 2.

- The practice provided evidence that patients at risk were reviewed at multidisciplinary meetings and relevant information shared with relevant professionals. For example the health visitors were informed when children did not attend for immunisation so they could follow this up with the family.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The principal GP was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training.

## Are services safe?

- The practice had implemented annual infection control audits to monitor whether infection control standards were being fully maintained.

There were effective arrangements for managing medicines in the practice, including emergency medicines and vaccines (covering obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions and there were clear protocols to monitor patients prescribed high risk medicines which were followed. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- The practice carried out medicines audits with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines and was aware of areas where practice prescribing was higher or lower than the average. We were told that the practice was the lowest prescriber of antibiotics in Hounslow CCG.
- The practice had procedures in place to monitor the temperature of vaccines requiring refrigeration. The practice checks were available and showed that temperatures were monitored in line with guidelines.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines. (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 health care assistant did not administer vaccinations or other medicines.
- The practice staff team had remained largely stable since our previous inspection. We reviewed two personnel files and found appropriate recruitment checks had been carried out prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been carried out.

### 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 policies governing procedures to manage various aspects of health and safety policy. The practice had up to date fire risk assessments and carried out regular fire

safety checks. 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 lift was serviced to a set schedule.

- The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and a legionella risk assessment. The practice had acted on the recommendations, for example to monitor water temperatures. (Legionella is a type of 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 staff rota to ensure enough staff were on duty and appropriate supervision, training and support arrangements for the registrars. The practice used a small pool of locums who were familiar with the practice to cover periods of planned GP leave.

### Arrangements to deal with emergencies and major incidents

The practice had basic 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 staff received annual basic life support training. The practice had emergency oxygen on the premises with adult and children's masks. A first aid kit and accident book were also 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 did not keep all the medicines suggested in recent relevant Drugs and Therapeutics Bulletins (2015) for example, diazepam which can be used to treat an epileptic seizure. However, we saw evidence that the principal GP had risk assessed the list of emergency medicines kept and had reviewed this with their GP appraiser.
- The practice did not keep a defibrillator on site. The practice had a written risk assessment outlining the evidence and rationale for this decision (based on the practice's proximity to alternative emergency services) which was reviewed annually.

## Are services safe?

The practice had a reciprocal comprehensive business continuity plan with a nearby practice to cover major incidents such as power failure or building damage and an agreement to share facilities if required. The plan included

emergency contact numbers for staff and other agencies. The practice manager worked across both practices and had secure access to Grove Park Terrace Surgery's electronic records system remotely.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection of 18 November 2014 we rated the practice as good for providing effective services. Following our latest inspection on 27 September 2017, the practice remains rated as good.

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.
- The practice held weekly clinical meetings and regular joint meetings with staff from a nearby practice which included sessions to review current guidelines and good practice.

### 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 for 2015/16 were 99.4% of the total number of points available compared to the national average of 94.8%.

The practice had low rates of exception reporting under the QOF. For example its exception reporting for the clinical domain was 5% compared to the national average of 10%. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was above the clinical commissioning group and national averages.

For example, 87% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the clinical commissioning group (CCG) and national averages of 74% and 78% respectively. The practice had low exception reporting for this indicator of only 5% compared to the national average of 13%.

- Performance for mental health related indicators tended to be comparable to the national average. For example 24 of 26 (92%) patients diagnosed with a psychosis had a documented care plan in their records compared to the CCG and national averages of 89%. The exception reporting for this indicator was 7% compared to the national average of 13%.
- All ten practice patients diagnosed with dementia had attended a face to face review in the previous year compared to the national average of 84%. The practice did not report any exceptions for this indicator.

There was evidence of continued quality improvement work since our previous inspection.

- We saw several examples of clinical audit which had been undertaken since our previous inspection. This included a two-cycle audit on uptake of chlamydia screening; an audit of demand and capacity; an ongoing audit of consent for minor surgery and an ongoing audit of coil insertion. The audit of chlamydia screening showed an increase in uptake in the target population group from 32% to 66%.
- The practice participated in local audits, national benchmarking, and shared information with other practices at locality meetings and the CCG pharmacy team.
- The practice tracked its antibiotic prescribing, emergency admissions, A&E attendances and referral rates. The practice was performing comparatively well on these metrics.

### Effective staffing

Clinical staff had the proven skills, knowledge and experience to deliver effective care and treatment.

- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and providing travel health advice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

# Are services effective?

## (for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The practice had an induction programme for newly recruited staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All established staff had received an appraisal.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings and formal appraisals. We spoke with a GP trainee who said they were well supported and the practice provided a good training environment, for example with lots of exposure and experience with children's primary care health needs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, mental capacity and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training opportunities as appropriate.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and a shared computer drive.

- Electronic records included care plans, risk assessments, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed

and updated for patients with complex needs. We reviewed a number of care plans and found they were up to date, comprehensive, well completed and included the views of patients (and their carers when appropriate). There was evidence of good coordination of care and discussion of issues such as advance decisions with patients.

### 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 relevant clinician assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 81% in 2015/16, which was in line with the national average of 81%. Exception reporting for this indicator was 3% compared to the national average of 7%. The practice ensured a female sample taker was available. There was a policy to follow up patients who did not attend for their cervical screening test. There were also systems in place to ensure results were received for all samples sent for the cervical screening programme.
- In 2015/16, the practice was achieving childhood immunisation targets. For example, over 90% of children had received the standard vaccinations by the age of one year.
- The practice had participated in a research project to evaluate the benefits of a health promotion intervention in patients at risk of developing diabetes.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients,

health checks for patients with learning disability and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

# Are services caring?

## Our findings

At our previous inspection of 18 November 2014 we rated the practice as good for providing effective services. Following our latest inspection on 27 September 2017, the practice remains rated as good.

### Kindness, dignity, respect and compassion

We observed members of staff were welcoming and helpful to patients and treated them with 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.
- The reception area was slightly offset from the waiting area and the practice also played low volume music in the waiting room to help protect privacy. Reception staff could offer to speak to patients in a more private area if this was required or appropriate.

The practice scored in line with or above the local and national averages on the national patient survey for patient experience of consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.

The practice encouraged patients to participate in the NHS friends and family short feedback survey after visiting the practice. The last two months of data showed that 75 out of 77 patients (ie 97%) who responded would recommend the practice to others.

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

Results from the national GP patient survey showed that a majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

We received limited patient feedback on the day of the inspection. However, one patient commented that they had received very good, holistic care from the practice over many years which had a positive impact on their health and wellbeing.

The practice provided information for patients to facilitate involvement in decision-making about their care:

- Information for patients was easy to understand and accessible.
- Translation services were available for patients who did not have English as a first language or who had hearing difficulties.
- The receptionists added a note to the electronic record system to alert them if a patient required an interpreter so this could be booked when patients rang to make an appointment.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. We were told that the practice supported patients who were carers.

## Are services caring?

The practice had a young population and had 11 recorded carers on the system, that is just 0.3% of the registered patient list. The electronic record system was coded to alert staff if a patient was also a carer although reception staff told us that as a small practice, they tended to know patients who were carers and other patients in more difficult circumstances.

The practice was able to direct carers to the various avenues of support available to them, offer free flu

vaccinations and offered flexibility over appointments. We were told that the practice team discussed patients and carers if particular issues had arisen during the monthly practice meeting.

The GPs contacted patients and families following a bereavement and offered consultations and provided advice on support services as appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection of 18 November 2014 we rated the practice as good for providing responsive services. Following our latest inspection on 27 September 2017, the practice remains rated as good.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) and other practices in the locality to secure improvements to services where these were identified. For example, the practice provided a range of services relevant to families and younger adults, for example offering minor surgery, travel clinics and IUD fitting at the practice.

- The practice offered early morning and evening opening hours for patients who found it difficult to attend during normal office hours.
- There were longer appointments available for patients with a learning disability or other complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice took account of the needs and preferences of patients with life-limiting conditions. Practice staff told us they were able to develop positive relationships with patients for example with more complex conditions and their carers.
- Same day appointments were available for children and those patients with more urgent medical problems. Early morning consultations were offered on a walk-in basis.
- Patients were able to receive travel vaccinations. The practice informed patients in advance which vaccinations were available free on the NHS and about any which were available only on a private prescription and the associated fees.
- The practice had suitable facilities and was well equipped to treat patients and meet their needs. The premises environment showed signs of wear and tear but, at the time of the inspection, was safe. We were told the principal GP would negotiate any necessary redecoration or refurbishment with the landlord when required.
- The premises were fully accessible to patients with disabilities.
- A translation service was available and was used when required.

- The practice aimed to be as flexible as possible with its registration procedure and was accessible to patients for example who had arrived in the UK as refugees. The practice had expanded its catchment area as a result of patient demand.

### Access to the service

The was open between 8am and 6.30pm during the week, apart from Wednesday when the practice closed between 1pm and 2.30pm for staff meetings or training. Appointments with a doctor were available morning and afternoon from Monday to Friday. Extended hours appointments are also available every Tuesday evening until 8pm.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be above the local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 71%.
- 89% of patients said they were able to book an appointment to see or speak to a GP or nurse compared to the CCG average of 80% and the national average of 84%.
- 80% of patients describe their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 79% of patients feel they don't normally have to wait too long to be seen compared to the CCG average of 49% and the national average of 58%.

We reviewed the use of the appointments system on the day of the inspection. We observed that appointments were available the same day for patients with urgent problems and from the next day for routine appointments.

The practice had a system in place to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns. Since our previous inspection, the practice had not received any formal complaints. The practice proactively reviewed patient feedback and reviewed any critical comments as a means to improve.

- The practice 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.
- The practice discussed patient feedback at practice meetings.



# Are services well-led?

Good 

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

## Our findings

At our previous inspection of 18 November 2014 we rated the practice as good for being well-led. Following our latest inspection on 27 September 2017, the practice remains rated as good.

### Vision and strategy

The practice had a clear vision to deliver its objectives which included providing excellent clinical and person centred care; to continually improve; and to contribute positively to the working of the clinical commissioning group. Staff we interviewed consistently told us the practice fostered a welcoming and personalised service for patients.

- The practice had a statement of purpose and staff knew and understood the aims and objectives underpinning the service.
- The practice had a strategy and supporting business and action plans which were regularly monitored.
- The practice had identified short and longer term objectives. In the longer term the practice was considering succession planning; premises issues and the role of the practice in working more closely with others in line with national and local policy initiatives.

### Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Mentorship arrangements were in place for more junior staff members and trainees.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had effective infection control procedures in place and since our previous inspection had carried out internal audits of infection prevention and control. The practice also monitored patients on high risk medicines.

- A comprehensive understanding of the performance of the practice was maintained and was used to improve. For example, the practice had focused on its antibiotic prescribing over recent years and was recognised as a low prescriber in the clinical commissioning group.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice was not up to date with documenting staff and patient group meetings however.
- We saw documented evidence, for example in the minutes of meetings and action plans of shared learning and improvements to processes and practice. The practice was holding a joint lunchtime learning meeting with a neighbouring practice on the day of the inspection.

### Leadership and culture

On the day of inspection the practice manager and clinicians demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

- The practice had a good spread of skills and was able to offer a range of enhanced primary care services. There was a focus on developing the team's clinical and managerial skills in line with patients' needs. Staff told us that the practice had developed an open and supportive team culture and was a good place to work.
- The practice worked in collaboration with other practices and health and social services in the provision of care. For example, the practice worked with district nurses and social workers to monitor vulnerable patients.
- Staff told us they had the opportunity to raise any issues at team meetings or more directly with the principal GP or practice manager and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had not experienced any significant events over the previous 12 months but had reviewed and discussed other types



# Are services well-led?

Good 

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

of incidents (for example, an incident when a patient became threatening with staff). The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, a clear explanation and a written apology.
- The practice kept written records of verbal interactions as well as written correspondence and learnt from these forms of feedback.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff:

- The practice ran a patient participation group (PPG). The PPG had few members but met several times a year and discussed proposals for improvement. We spoke with one member of the PPG who told us the practice was responsive to group's suggestions and had actively supported members of the group to participate in the CCG's wider patient engagement group and take a leading role in this. They said this was useful in understanding the wider health policy context and the pace of change in the NHS and how the practice could respond.

- The practice analysed its patient survey results and participated in the standardised NHS Friends and family feedback survey. The practice reviewed feedback and took action to improve.
- The practice obtained staff feedback through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice used clinical audit and benchmarking as a tool to drive improvement, for example with positive results on its prescribing practice.
- The practice was responsive to patient feedback, for example, extending its catchment area in response to patient demand.
- The practice had a focus on training, staff development and mentoring. There was a track record of developing staff members so they could take on new or expanded roles. The practice was a training practice with positive feedback on the quality of the training placements and the support it offered.