

# The Nightingale Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Nightingale Practice on 15 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed.
- The practice was an outlier in respect of a number of clinical targets though this was largely attributed to the practice's patient demographics. From the records reviewed we found that staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had received clinical training which provided them with the skills, knowledge and experience to deliver effective care and treatment. However, some essential training had not been completed at the time of our inspection.

- 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 provided to all patients and their relatives and was easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to access clinical care when required.
- 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.

The areas where the provider **should** make improvement are:

- Improve mechanisms for gathering and acting upon patient and relative feedback.
- Monitor the vaccine fridge in line with Public Health England guidance.

# Summary of findings

- Review areas of QOF where the practice is an outlier and antibiotic prescribing with a view to bringing performance in line with local and national guidance.
- Ensure complaints responses follow practice policy and comply with statutory requirements.
- Ensure that all staff complete essential training in accordance with legislation and guidance.
- Undertake a risk assessment to ensure that the practice has an appropriate stock of emergency medicines to enable it to respond effectively in an emergency.

**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



- Risks to patients were assessed and well managed.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. A number of staff did not have adult safeguarding training on the day of the inspection including one member of clinical staff. However, this was completed 48 hours after our inspection.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety both in the practice and in the care home.
- When things went wrong patients and their relatives 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below local and national averages. However, this appeared largely to be a consequence of the fact that the practice catered exclusively to frail elderly patients at the end of their lives.
- Staff assessed needs and delivered care in line with current evidence based guidance in the majority of cases. However, the level of antibiotic prescribing was significantly higher than the local and national average though this may have again been related to demographics of the patient population.
- Clinical audits demonstrated quality improvement.
- Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However, some staff did not have adult safeguarding or infection control training.
- 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect and information confidentiality. All consultations were undertaken in patient's own rooms to ensure privacy and dignity during examinations.

## 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.
- The patients we spoke with on the inspection said they had no difficulties accessing either a GP or the Advanced Nurse Practitioner and that clinical staff promptly responded to requests for visits. This was confirmed by the staff working in the care home. There was a GP allocated to each unit of the care home who would undertake weekly rounds and at least one GP attended the home every day who could see patients in an emergency.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- We were told that the practice booklet was issued to all new residents and their relatives when they arrived in the home. This provided details on how to make a complaint to the practice. Evidence showed the practice responded quickly to issues raised. Learning from the complaint we were provided with was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 quarterly governance meetings with the care home to ensure a unified consistent approach to patient care and treatment.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice gathered feedback using the Friends and Family Test but there was no other mechanism in place to obtain anonymous feedback from patients and relatives. Staff told us that both relatives and those patients who were able to do so could provide feedback individually at the patient's annual Multi-disciplinary review.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and provided visits in resident's own rooms within the home when required.

Good



### People with long term conditions

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

- The Advanced Nurse Practitioner led in the management of chronic disease. Patients at risk of hospital admission were identified as a priority.
- Performance related to the management of diabetic patients was mainly comparable to local and national averages though the proportion who had received a diabetic foot check was below the local and national average.
- All patients were allocated a named GP and had a structured annual multidisciplinary review to check their health and medicines needs were being met.

Good



### Families, children and young people

Not sufficient evidence to rate



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

Not sufficient evidence to rate



### 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults. 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. However not all staff had received appropriate safeguarding training.

Good



# Summary of findings

## 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).

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

As the practice caters exclusively to elderly residents at Nightingale nursing home, many of whom have diminished capacity, the practice does not participate in the National GP patient survey. The practice collects feedback from patients and relatives through the Friends and Family Test. The practice provided with data from the responses given in October 2016. All of the 11 cards completed said that patients would be likely or extremely likely to recommend the practice to a friend and family member.

As part of our inspection we also asked for CQC comment cards to be completed by patients and relatives prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients said that they were always treated with respect and that staff clearly explained proposed courses of treatment.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, knowledgeable, committed and caring.

# The Nightingale Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Nightingale Practice

The Nightingale Practice is part of Wandsworth Clinical Commissioning Group (CCG) and exclusively caters to 162 residents who live at Nightingale House nursing and residential home. The practice is registered with the CQC for the following regulated activities Treatment of Disease, Disorder or Injury and Diagnostic and Screening Procedures.

The practice operates at Nightingale House which is a nursing and residential home serving elderly Jewish people. Nightingale House is comprised of two residential units, one nursing unit, one nursing dementia unit and a residential and nursing dementia unit. The practice has four non-clinical rooms within Nightingale House on the ground floor. Consultations and treatment are provided in residents' own rooms.

The practice is a separate location registered by provider Balham Park Surgery. Governance arrangements are split between Balham Park (which handles personnel, finance and IT) and The Nightingale Practice which has its own clinical policies for topics like infection control. The practice is staffed by one Advanced Nurse Practitioner who works full time at the site and responds to the acute care needs of patients. The GPs who work at the practice provide five clinical sessions at the home per week. The practice also has one nurse who works two days per week.

The practice is open between 8 am and 5.30 pm Monday to Friday. Care home staff were directed to contact Balham Park Surgery between 5.30 pm and 6.30 pm if no clinical staff were on site, and the local out of hours provider outside of these times.

Care home staff are directed to contact the designated out of hours provider when the surgery is closed. 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). These are: facilitating timely diagnosis and support for people with dementia and influenza and pneumococcal immunisations.

The practice is a member of Wandsworth GP federation.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, an Advanced Nurse Practitioner, a practice manager and reception and administrative staff) and spoke with two patients who used the service.
- 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).

However given the composition of the practice population we only inspected the following population groups:

- Older people
- People with long-term conditions
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. The practice undertook an analysis of every death that occurred within the home, reviewing the care provided and assessing aspects that went well and things that could be improved in the future. We reviewed an assessment of the pain management of a patient who had died. As a result of the assessment the practice decided to lower the threshold for introducing continuous intravenous pain relief for patients at the end of their life.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- The practice had arrangements in place to safeguard vulnerable adults from abuse. Policies were accessible to all staff. The policies clearly outlined external contacts who staff could contact for further guidance if staff had concerns about a patient's welfare but the

practice's safeguarding lead was not included. The practice provided an updated version of the policy which included the name of the practice safeguarding lead within 48 hours of the inspection. Staff we spoke with on the day of the inspection knew who the safeguarding lead was. The GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. However three non clinical staff members and one clinical member of staff did not have adult safeguarding training on the day of the inspection, including one member of clinical staff. We saw evidence that this was completed by all staff with 48 hours of our inspection.

- Staff at the practice did not undertake chaperoning duties. This was performed by members of care staff within the home, all of whom have received a Disclosure and Barring Service 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 Advanced Nurse Practitioner was the infection control clinical lead and there was an infection control protocol in place. As the practice did not have any clinical rooms and cleaning was the responsibility of the care home the practice did not undertake infection control audits of their own. We saw evidence that the home were undertaking infection control audits every three months.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The care home ordered all repeat medicine requests and the home's pharmacy technician would review medications. High risk drug monitoring was also done by the home's pharmacy technician who liaised with practice staff when required. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing; for example, they were currently undertaking an audit of nutritional supplements to assess their appropriateness. Blank prescription forms and pads were securely stored and there were systems in place to

## Are services safe?

monitor their use. The Advanced Nurse Practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs, which are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow the practice nurse to administer flu vaccines in line with legislation and there were patient specific prescriptions in place to allow the nurse to administer other medicines. The practice had processes and procedures for monitoring vaccines and temperatures were monitored daily. However, the fridge did not have a second thermometer in the vaccine fridge as a failsafe in the event that the fridge malfunctioned.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff. None of the non-clinical staff had received a DBS check. The practice presented us with a risk assessment on the day of the inspection which stated that they considered this not to be necessary as these staff members were never left alone with patients. Although the risk assessment stated that the potential for patient harm was remote we were told at the end of the inspection that the practice had reconsidered the matter and would now conduct checks for all staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- Assessment of risk arising from the premises was predominantly undertaken by the care home. We saw evidence of up to date fire risk assessments and fire drills. Staff had received fire training from the home and all staff were aware of the fire evacuation points. The home had undertaken a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available which identified local health and safety representatives and the practice had undertaken a health and safety risk assessment of the practice area which provided links to other risk assessments that had been completed by the home. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

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

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents; however, there were some medicines missing from the practice which would have been appropriate given the demographics of the patient population and some staff were not aware of the location of emergency medicines.

- Clinical staff wore pagers to facilitate a quick response to any emergency situations.
- All staff received annual basic life support training and there were emergency medicines available.
- The home had three defibrillators on the premises and there was a supply of oxygen with adult masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice although some non-clinical staff were not aware of their location. All the medicines we checked were in date and stored securely. However, the practice did not have a supply of some medicines which would have been beneficial given the practice's patient demographic. For example the practice had no soluble aspirin (given to those who have had a heart attack), no glucagon (given to diabetics for low blood sugar) and no rectal diazepam (given to patients who are having epileptic fits). There was no risk assessment in place which justified the absence of these medicines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure

## Are services safe?

or building damage. The plan did not include emergency contact numbers for staff. However, the practice provided an updated version of the plan including these within 48 hours of our inspection.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice informed us that, given the unique demographics of the patients they catered to, care was primarily focused on improving quality of life in the short term. Consequently the majority of information collected for the Quality and Outcomes Framework (QOF) and other national benchmarking targets were not an effective indicator of clinical performance (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 67% of the total number of points available. The total exception reporting for this period was 11% (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).

The practice was an outlier for a number of QOF targets or had higher exception reporting in a number of areas including asthma, cancer and COPD and some mental health indicators. The practice said that much of care provided focused on dealing with immediate concerns or ensuring the patient's quality of life in the short term. From the discussions had and the patient records reviewed we considered that the outliers were clinically justifiable given the practice context and patient demographics. We were satisfied that the care and treatment provided adhered to best practice guidance in the majority of cases and that effective systems were in place to monitor patient outcomes

However the percentage of patients with diabetes, on the register, with a record of a foot examination in the past 12 months was 14% compared with 85% in the CCG and 88% nationally. Exception reporting was 22% compared to the CCG average 4% and the national average of 8%. We discussed this with staff at the practice who told us that they did not feel that the assessment was appropriate for a lot of patients as they would not be able to provide answers to some of the questions asked in the assessment as a result of their dementia. The practice provided us with evidence that foot checks had been completed for six patients in the year 2015/16.

The practice's antibacterial prescribing was over double the local and national averages and the percentage of antibiotic items prescribed that are Cephalosporins or Quinolones was 24% compared with 6% locally and 5% nationally. We reviewed the records of patients prescribed these medications and found that in the examples reviewed that prescribing was appropriate. For example one patient was allergic to alternative medicine and another had their antibiotic initiated in secondary care. We saw evidence of clinical meetings and discussions with the CCG where antibiotic prescribing was discussed. This showed that the practice were aware of the need to reduce prescribing and attributed higher levels of Cephalosporin and Quinolone prescribing to the higher rates of resistance among the local population to first line antibiotics. However, there was no action plan in place which aimed to reduce this area of high prescribing.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits carried out in the last two years, one of these was a completed audit which demonstrated quality improvement. After undertaking an audit of hospital admissions, the practice identified a high proportion resulting from patient falls. As a result the practice agreed to hold mini multidisciplinary review meetings with the therapy team to assess the needs of those patients at risk of falls and implement changes to mitigate any risks. The number of patients who fell had reduced from 122 in the first cycle (2014/15) to 117 in the second (2015/16) and the number of fractures resulting from the falls reduced from 19 to 13. The practice also identified that a high proportion of attendances were attributable to urinary tract infections. At the second



# Are services effective?

## (for example, treatment is effective)

cycle the practice introduced an additional assessment tool to aid in early identification of infection. The impact of this measure would be assessed in the subsequent audit.

- The practice undertook a review of all deaths within the care home and took action to improve the management of death within the home. There was evidence of learning stemming from these reviews which we were told was used to improve the quality of care provided to terminally ill patients in the future; for example, in respect of ensuring effective communication between all staff and relatives and end of life pain management. The nurse practitioner and clinical lead also attended the home's care governance group and contributed to the development of quality improvement initiatives throughout the home.
- The practice participated in local audits and participated in audits undertaken by the home including those to reduce polypharmacy (the use of four or more medications by a patient), quarterly falls audit and a quarterly KPI monitoring audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and wound management.
- Staff administering vaccines 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical

supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and periodic reviews of performance during the appraisal period.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However, only two members of staff had received infection control training and not all staff had received adult safeguarding training, though we received safeguarding certificates which showed that training had been completed by all staff after our inspection. None of the staff who were based at the home had completed child safeguarding training. The practice produced a risk assessment on the day of the inspection to justify the absence of this training on the basis that none of the practice patients were children.

### 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.
- 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. Each resident received an annual multidisciplinary review with staff from both the practice and care home staff when they arrived at the home which aimed to address both patients' health and social needs. Reviews included input from the patient and the relatives where end of life care and resuscitation status were discussed and recorded. Patients had formal multidisciplinary reviews annually and further reviews were undertaken on an ad hoc basis in response to significant changes in the patient's medical condition. The practice told us that they had good links with the local palliative care services and would discuss patients with them on an ad hoc basis.



# Are services effective?

(for example, treatment is effective)

## 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. The nursing home that the practice provided services to informed us that, when changes were made to this legislation, practice staff met with care home staff to ensure that there was a coordinated approach to compliance with this legislation.

Where a patient's mental capacity to consent to care or treatment was unclear the GP, Advanced Nurse Practitioner or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP, Advanced Nurse Practitioner or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

# Are services caring?

## Our findings

The director of the home told us that the practice would always take the time to contact next of kin after treatment and would always be accessible to relatives who had any questions.

### **Kindness, dignity, respect and compassion**

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

- The practice did not have a reception area or any consulting rooms. All consultations and examinations were undertaken in the patient's bedroom within the home. We were told that doors were always closed during consultations to ensure that the patient's privacy and dignity was respected.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients on the day of the inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

Both of the patients we spoke with on the day of the inspection 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 to make an informed decision about the choice of treatment available to them. Patients said that there was no time limit to consultations and that clinical staff would stay and discuss all medical concerns, provide effective treatment, clear explanations and reassurance. Patient and relative feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

# 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 population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) and the staff at the care home to secure improvements to services where these were identified.

- Each unit of the home had a dedicated GP who would undertake a unit round on a weekly basis to ensure continuity of care. There was a GP on site each day. If a patient needed to be seen on a day that their GP was not in the home the onsite GP would attend to that patient's needs.
- The practice had a dedicated Advanced Nurse Practitioner who worked at the home every weekday would handle acute medical concerns. The practice had produced a referral form which would be completed by care staff on the unit for patients who required medical attention. This included prompts about the patient's condition and space for basic observations. The referral forms were collected by staff at the practice and reviewed by the nurse practitioner who would prioritise visits based on need.
- Staff told us that given the complexity of some patients' conditions there was no time limit on patient consultations. This was confirmed by the patients that we spoke with on the day of the inspection.
- The care home staff we spoke to on the day said that they felt well supported by the practice in the management of patients health and social needs and that they were always responsive to staff and patient need.

### Access to the service

The practice provided patient care between 8.00 am and 5.30 pm Monday to Friday. Staff were instructed to contact Balham Park Surgery between 5.30 pm and 6.30 pm Monday to Friday who would provide clinical care if no clinicians were on site. Staff would contact the local out of hours provider in the event that patients needed care outside of these times.

People told us on the day of the inspection that they were able to get access to the medical care that they needed.

The practice had a system in place to assess the urgency of the need for medical attention.

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 care arrangements were made.

### 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. The practice had prepared a practice handbook which contained information on how to make a complaint. This was provided to patients and relatives when a patient first arrived at the care home.
- The feedback provided by the care home prior to the inspection stated that the practice always undertook full and thorough investigations of complaints raised and provided feedback on the conclusions from any investigations.

The practice had received one complaint in the last 12 months and we found that this was dealt with in a timely manner and addressed the concerns raised. However, the response did not have details of external agencies the complainant could contact if they were dissatisfied with the practice's final response, though the practice informed us that this was detailed in their initial acknowledgement letters. We found that lessons had been learnt from this complaint and action had been taken as a result to improve the quality of care. Specifically following a complaint about the practice's palliative care assessments both the care home and the practice reviewed all policies related to end of life care. Working collaboratively both organisations introduced joint procedures to ensure appropriate early action is taken when managing bedbound palliative care patients. It was decided that particular categories of palliative care patients should be visited and assessed every weekday by either the Advanced Nurse Practitioner or a GP.

# 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 practice professional development plan which documented its vision and values in addition to the challenges and objectives it faced and proposed strategy to address these challenges are areas needing improvement. The plan was formally reviewed annually but would be updated as necessary when any new challenges or developments arose.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, an absence of some emergency medicines and a lack of essential training for staff highlighted a deficiency in risk management:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had joint policies and procedures with the nursing home covering a range of areas related to both clinical and non-clinical matters. Policies were implemented and available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The majority of risks related to the management of the premises. Consequently a large amount of risk management activity was undertaken by the staff at the home. The practice had easy access to this information. The practice had undertaken assessment of risk and implemented mitigating action in areas that they were responsible for. For example they had undertaken a general health and safety risk assessment in respect of the four non clinical rooms that they occupied. Lack of some essential training and a number of emergency medicines did pose a potential risk to patients in the home.

### Leadership and culture

Staff told us the clinical and management team were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held monthly team meetings. The director of the care home advised that they would be invited to meetings with the Advanced Nurse Practitioner and clinical lead to discuss areas joint operational matters.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff told us that they attended social functions with other staff from Balham Park Surgery including their annual Christmas social event.
- Staff said they felt respected, valued and supported, particularly by management and clinical staff in the practice. All staff were involved in discussions about how to run and develop the practice, and the senior members of the team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

# Are services well-led?

Good 

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

- The practice told us that over 90% of their patient population suffered from some form of cognitive impairment which limited the mechanisms that could be used to gather feedback from patients. Consequently the home used the NHS friends and family test to gather patients on the unit where patients had minor cognitive impairment. We saw on the day of the inspection that this had been placed outside of the clinical offices.
- The practice told us that they also requested feedback from all patients as part of their annual, multidisciplinary review in addition to ad hoc reviews throughout the year and included feedback from those who support the patient as well as the patient's next of kin. Patient and relative views were then incorporated into the care plan for the patient.
- The practice told us that patient's relatives had previously expressed concern about how to contact their relative's GP to discuss any problems when they were not in the home. As a result the practice implemented a system to facilitate email contact either between the GP and relative directly or via the practice manager.
- The practice had gathered feedback from staff 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. One of the practice administrators told us that she had suggested instituting monthly checks of secondary care referrals to ensure all patients had received an appointment and that this was now in place. Staff told us they felt involved and engaged to improve how the practice was run.