

Brockwell Park Surgery

Quality Report

117 Norwood Road
Herne Hill
London
SE24 9AE

Tel: 020 8678 5400

Website: www.brockwellparksurgery.com

Date of inspection visit: 3 December 2016

Date of publication: 17/03/2016

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?	Outstanding	
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	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Brockwell Park Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Brockwell Park Surgery on 3 December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw four areas of outstanding practice:

- The practice had started a garden project on the premises. Patients with poor mental health and those with learning difficulties were encouraged to become involved in gardening in the practice's garden to assist in the management of their mental health. The gardening project was run as a charitable enterprise, and any vegetables grown in the garden were sold to support the project. Patients that we spoke to who had been involved in the gardening project said that they had found it very helpful in

Summary of findings

building motivation and managing their mental health. Other patients told us that it was a pleasant area to sit in while they waited for their appointment, and that GPs were happy to pick them up from the garden when it was time for their appointment.

- The practice offered a safe space at the practice which was used by a service supporting victims of domestic violence. When patients were rehoused they were offered the opportunity of staying with the practice even if they lived outside of the practice boundaries.
- In order for staff to better understand the provisions of care to patients with dementia and the impact on

their families, the practice had arranged for all staff at the surgery to attend an event where a family member of someone with dementia talked about their experience.

- The practice had put a number of quality improvements in place to better care for patients. This included the introduction of 15 minute consultation slots (which had been audited for efficacy). The practice had also completed a large number of audits (11) in the last two years. Learning points were clear and there were clear mechanisms in place to improve care.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice had completed a large number of audits (11) in the last two years. Learning points were clear and there were clear mechanisms in place to improve care.
- The practice had created a series of alerts on the electronic clinical record system to assist in the monitoring of individual patient care. For example risk scoring safety prompts raised an alert when blood monitoring tests were required.
- The practice had participated in a number of research projects such as the MOVE-IT study, promoting physical exercise and the PACE study promoting near-testing for patients with COPD. As part of the MOVE-IT initiative there was a walking group in place at the practice which met once a week and encouraged physical exercise in overweight patients.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. On site services were available to patients which would ordinarily only be available by referral, for example counselling services.
- There were innovative approaches to providing integrated person-centred care. For example, the practice had started a garden project on the premises. Patients with poor mental health and those with learning difficulties were encouraged to become involved in gardening in the practice's garden to assist in the management of their mental health. The gardening project, which was set up by the practice, was run as a charitable enterprise, and any vegetables grown in the garden were sold to support the project. Patients that we spoke to who had been involved in the gardening project said that they had found it very helpful in building motivation and managing their mental health. Other patients told us that it was a pleasant area to sit in while they waited for their appointment, and that GPs were happy to pick them up from the garden when it was time for their appointment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, feedback from patients had been sought on the plans for redeveloping the practice building.

Outstanding



Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. Extended hours appointments were available five days per week and appointments could be accessed in person, by telephone or online.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group had been active until difficulties between members led to it being disbanded. Work was ongoing to recruit to a new group.
- There was a strong focus on continuous learning and improvement at all levels. In particular the practice had introduced 15 minute consultation slots. They had thoroughly audited the impact of this change and found that offering longer consultations did not affect their ability to see all patients needing appointments. The practice had presented the findings of this to the Royal College of General Practitioners.
- The practice had developed specific services, such as the gardening project for the benefit of patients. Patients that we spoke to said that this had been beneficial to them.

Good



Summary of findings

- The practice had arranged for all staff at the surgery to attend an event where a family member of someone with dementia talked about their experience of living with that person to better understand provision of care to patients with dementia.

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. This included the unplanned admission enhanced service for over 75s.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was a high referrer to a service run by a local charitable organisation called safe and independent living (SAIL) service which co-ordinates healthcare with community providers in the locality.
- The practice had actively campaigned for a bus route to be put in place between a local estate and the practice so that older patients could more easily access services.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice did not offer specific clinics for patients with long term conditions, rather they provided consultations (which could be extended if required) to patients wishing to access review appointments at any time.
- Indicators for the management of diabetes were similar to or better than the local CCG area.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice hosted a variety of third party healthcare providers including a healthy living adviser who was based at the practice one day per week.

Good



Summary of findings

- The practice had created a series of alerts on the electronic clinical record system to assist in the monitoring of individual patient care. For example risk scoring safety prompts raised an alert when blood monitoring tests were required.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data showed that 88% of all eligible patients had received a cervical smear test in the past five years, which is higher than the local area.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours five days per week to benefit working patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered a safe space at the practice which was used by a service supporting victims of domestic violence. Where patients were rehoused patients were offered the opportunity of staying with the practice even if they lived outside of the practice boundaries.
- The practice had instigated a garden project on the premises. Patients with learning difficulties were encouraged to become involved in gardening in the practice's garden to assist in the management of their mental health. The gardening project was run as a charitable enterprise, and any vegetables grown in the garden were sold to support the project. Patients that we spoke to who had been involved in the gardening project said that they had found it very helpful in building motivation and managing their mental health.
- Standard appointments at the practice were 15 minutes long, and double appointments were available for vulnerable patients to allow time for all relevant issues to be addressed.

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).

- 100% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average.
- Rates of review for other mental health issues were higher than local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had instigated a garden project on the premises. Patients with poor mental health were encouraged to become involved in gardening in the practices garden to assist in the management of their mental health. The gardening project was run as a charitable enterprise, and any vegetables grown in the garden were sold to support the project. Patients that we spoke to who had been involved in the gardening project said that they had found it very helpful in building motivation and managing their mental health.
- In order for staff to better understand the provisions of care to patients with dementia and the impact on their families, the practice had arranged for all staff at the surgery to attend an event where a family member of someone with dementia talked about their experience.
- Standard appointments at the practice were 15 minutes long, and double appointments were available for patients experiencing poor mental health to allow time for all relevant issues to be addressed.

Summary of findings

What people who use the service say

The national GP patient survey results for 2014/15 showed the practice was performing in line with local and national averages. 371 survey forms were distributed and 116 were returned. This represented 2.3% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).

- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. In particular a number of respondents reported that staff were helpful and caring. There were also testimonials from several patients commenting on the high quality of care which they felt that they had received.

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

Brockwell Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two further CQC inspectors a GP specialist advisor, and an expert by experience.

Background to Brockwell Park Surgery

Brockwell Park Surgery is in Herne Hill in the London Borough of Lambeth. The practice has three partners who manage the practice which is based at a single site. The practice is based in a former residential building which has been extended and refurbished to ensure that it is fit for clinical use.

The practice provides primary medical services to approximately 6,500 patients. The practice also employs three salaried GPs (1.3 whole time equivalent). There is also a GP registrar at the practice. In total there are 49 clinical sessions per week offered by the practice. There are also three practice nurses, and a practice management team formed of a number of reception and administrative staff who have lead roles in specific areas. This was in place of having a practice manager.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, and diagnostic and screening procedures at one location.

The practice provides a number of enhanced services, including childhood immunisation, extended opening hours, learning disabilities, patient participation and rotavirus and shingles immunisations.

The practice is open from 8:00am to 6:30pm Monday to Friday. Extended hours are available from 6:30pm to 7:30pm on Monday, 7:15am to 8:00am and 6:30pm to 7:30pm on Tuesdays and Wednesdays, 7:00am to 8:00am and 6:30pm to 7:30pm on Thursdays and 7:15am until 8:00am on Fridays. Outside of normal opening hours the practice uses a locally based out of hours provider.

The practice had a thorough practice leaflet and contact and health promotion information could be accessed on the website.

Why we carried out this inspection

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

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

Detailed findings

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 3 December 2015.

During our visit we:

- Spoke with a range of staff including GPs, nurses, the management team and receptionists and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, in response to an issue relating to the reporting of blood results the practice had updated protocols so that the problem could not re-occur.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to child protection level 3.
- 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 check (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. One of the GPs was the infection control clinical lead, and there was also an administrative lead. The clinical lead liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety

Are services safe?

representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had comprehensive systems in place to keep all clinical staff up to date.
- Staff had direct access to guidelines from NICE through the electronic clinical record system and were able to demonstrate that they used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments; audits and random sample checks of patient records. The practice utilised the script switch facility and automatic alerts to prescribing guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality Outcomes Framework (QOF). They used the performance data collected for QOF and national screening programmes to monitor and improve outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

In the most recent published QOF results for 2014/2015 the practice achieved 94.6% of the total number of points available. The clinical exception rate for the practice was 7.9% which was similar to the CCG and national average. Data from 2014/2015 QOF results showed:

- QOF performance for diabetes related indicators was 85% which was similar to the CCG average of 87% and national average of 89%. The percentage of patients newly diagnosed with diabetes in the preceding year who had a record of being referred to a structured education programme within 9 months of entry on to the diabetes register was 100% which was higher than the CCG average of 86% and national average of 90%.

- The percentage of patients with hypertension for whom the last blood pressure reading recorded in the preceding 12 months was within the recommended target was 87% which was similar to the CCG average of 82% and national average of 84%
- QOF performance for mental health related indicators was 96% which was similar to the CCG average of 91% and national average of 93%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan in their record in the preceding 12 months was 90% compared to a CCG average of 86% and a national average of 88%.
- QOF performance for dementia related indicators was 100% which was similar to the CCG average of 97% and national average of 95%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared to a CCG average of 88% and a national average of 84%. This indicator had an exception rate of 0% which was better than the CCG average of 5.8% and national average of 8.3%. The percentage of patients with newly diagnosed dementia who had received all recommended blood screening tests within six months of entering on to the register was 100% compared to a CCG and national average of 82%.

The practice had created a series of alerts on the electronic clinical record system to assist in the monitoring of individual patient care. For example risk scoring safety prompts raised an alert when blood monitoring tests were required.

Clinical audits demonstrated quality improvement.

- We saw 11 clinical audits completed in the last two years. We focussed on two of these which were fully completed through two cycles where the improvements made were implemented and monitored. One audit identified patients with high blood pressure in order for the GP and pharmacist to review prescribed medication and optimise accordingly.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audits carried out in the practice included the creation a prompt on the clinical record system to alert clinicians to the need for recording of smokers and ex-smokers to identify early indications of chronic obstructive pulmonary disease (COPD) in patients.

Are services effective?

(for example, treatment is effective)

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. The practice had participated in a number of research projects such as the MOVE-IT study, promoting physical exercise and the PACE study promoting near-testing for patients with COPD. As part of the MOVE-IT initiative there was a walking group in place at the practice which met once a week and encouraged physical exercise in overweight patients.
- The practice had participated in the PROJECT study investigating the use of Cognitive Behaviour Therapy in managing specific long term conditions.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff was undertaken.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had a documented appraisal within the last 12 months.
- All staff received training in safeguarding, basic life support and fire procedures. Clinical staff also received training in infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record system and their internal shared drive 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 people to other services electronic referral forms were automatically populated with patient information on the clinical records system. The practice also actively supported the use of the Lions Green message in a bottle system which involves the GP supplying the patient with a container to be kept in the patient's home which includes information alerting emergency services to a DNAR (Do not attempt resuscitation) directive and specific medical conditions.
- Information such as NHS patient information leaflets were readily available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated.

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. In addition to the appropriate training of all clinical staff within the practice, two of the receptionists had also undertaken training in working with patients with a learning disability. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- There was evidence that the process for seeking consent was adequately followed and recorded in patients

Are services effective?

(for example, treatment is effective)

records. The process was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

All required registers were in place to ensure the practice identified patients who may be in need of extra support.

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. For example, the practice had created an alert to prompt clinicians to consider offering a referral for weight management advice to patients whose body mass index was over 30.

The percentage of women aged 25-64 years who received a cervical screening test in the preceding five years was 88% which was similar to the CCG average of 80% and national average of 82%. The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice was comparable with the CCG average for the vaccination rates under the childhood immunisation

programme. For example, vaccination rates for babies under 12 months was 96% compared with the CCG average of 92%. Vaccination rates for children under two years old ranged from 86% to 94% compared with the CCG average of 81% to 95% and for five year olds the practice vaccination rate ranged from 88% to 99% compared to a CCG rate ranging from 81% to 95%.

Flu vaccination rates for the over 65s were 76%, comparable to the national average of 73%. Flu vaccination rates for patient in the defined influenza clinical risk groups was 64% which was better than the national average of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for patients on the learning disability register (65% achievement rate to date for this year) and mental health register (89% achievement rate). For patients with diabetes 93% had received a health check and for patients with a diagnosis of dementia 100% had received a health check. GPs reported that they were often able to carry out Health Checks opportunistically as they had routine appointments of 15 minutes for all patients which allowed them additional time to carry out a more holistic assessment. NHS health checks for people aged 40-74 were also carried out with an achievement rate of 27%. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).

- 94% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 90%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified carers on a register, with a total of 95, or 1.6% of the practice population. Written information was available to direct carers to the various avenues of support available to them.

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



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. In particular the practice had introduced specific services for the benefit of vulnerable patients and those with learning disabilities.

- The practice offered extended hours five days per week for the benefit of working patients who might not be able to access appointments at other times.
- There were longer appointments available for patients with multiple conditions, a learning disability or with poor mental health.
- Home visits were available for older patients and patients who would benefit from these.
- There were disabled facilities, a hearing loop and translation services available. Some of the clinical rooms were not on the ground floor, but arrangements were in place to ensure that patients with poor mobility could consult with the GP of their choice in one of the ground floor consulting rooms.
- The practice had started a garden project on the premises. Patients with poor mental health and those with learning difficulties were encouraged to become involved in gardening in the practice's garden to assist in the management of their mental health. The gardening project was run as a charitable enterprise, and any vegetables grown in the garden were sold to support the project. Patients that we spoke to who had been involved in the gardening project said that they had found it very helpful in building motivation and managing their mental health. Other patients told us that it was a pleasant area to sit in while they waited for their appointment, and that GPs were happy to pick them up from the garden when it was time for their appointment.
- The practice offered a safe space at the practice which was used by a service supporting victims of domestic violence. When patients were rehoused they were offered the opportunity of staying with the practice even if they lived outside of the practice boundaries.

- The practice had introduced 15 minute consultation slots. They had thoroughly audited the impact of this change and found that offering longer consultations reduced the need for follow up appointments and did not impact on their ability to see all patients needing appointments. The practice had presented the findings of this to the Royal College of General Practitioners.
- The practice had proactively campaigned for a bus route to be put in place between a local estate and the practice so that older patients could more easily access services.
- The practice's website provided clear access to information about the practice and services that were provided.

Access to the service

The practice was open for appointments from 8:00am to 7:30pm on Monday, 7:15 to 7:30pm on Tuesdays and Wednesdays, 7:00am to 7:30pm on Thursdays and 7:15am until 6:30pm on Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to, and in some cases higher than local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 99% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 52%, national average 59%).

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

Listening and learning from concerns and complaints

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



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

- 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, including online and in the practice leaflet. There were also notices relating to complaints in the waiting area.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and where necessary there were action points which we saw were discussed in 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

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and clear plans which reflected the vision and values. There was evidence of regular dialogue amongst management staff regarding the development of the service.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice did not have a practice manager role, but instead divided many of the roles usually performed by a practice manager amongst the administrative staff. This approach meant that knowledge and responsibility was spread amongst several individuals, which was advantageous in terms of both business continuity and staff engagement. This delegation of roles between practice staff was popular with the staff that we spoke to they said it made the job more interesting and allowed them an opportunity to develop.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. All staff were encouraged to eat lunch together in the practice's kitchen, and the practice provided fortnightly "fish and chip Fridays" which were a chance for all staff to get together in order to develop a strong team atmosphere.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Whole practice meetings were held quarterly and were scheduled in the evening after the practice had closed to patients so that all staff could attend. These meetings included in-house training sessions and opportunities for ideas to be shared. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

- It had gathered feedback from patients through the surveys and complaints received, and acted on the information gathered. For example, following feedback from patients about difficulties in contacting the practice to book appointments, they increased their reception opening times by half an hour. There had been an active PPG which met on a regular basis, however, unfortunately this had to be disbanded. We met with two former members, and were told that the practice was active in trying to support the group to continue.
- The practice had also gathered feedback from staff through quarterly whole-practice meetings, ad-hoc staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Administrative staff particularly commented on feeling that the GPs value and respect their input, and an example was given by a member of the reception team where they had fed back to the principal GP on patients' reactions following consultations with a new registrar and this feedback was acted on. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They had carried-out pioneering work aimed at improving services for both their own patients and the general patient population. For example, following the introduction of 15 minute appointments at the practice, they carried-out a thorough analysis of the impact, and, having found that increasing appointment duration had a positive effect on patient experience without requiring additional resource, they presented this at the Royal College of GPs conference.

The practice also took an innovative approach to improving the wellbeing of their patients. For example, they had introduced their garden project and a practice-led walking group. They had also set up a barter agreement with a baby massage provider, whereby they allowed her to use a room at the practice free of charge, in exchange for a number of free places in the baby massage class for patients who would benefit.

The practice had arranged for all staff at the surgery to attend an event where a family member of someone with dementia talked about their experience of living with that person to better understand provision of care to patients with dementia.

The practice had also recently implemented phone number recognition software which meant that calls could be answered quicker and more efficiently.