

The Old Court House Surgery

Quality Report

The Old Court House Surgery
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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 Old Court House Surgery and the branch practice on 8 March 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.
- Most risks to patients were assessed and well managed with the exception of some health and safety risks.
- 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 were very satisfied with the level of service received. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services 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 adequate 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.

In addition the provider should:

- Implement a robust system for monitoring and actioning patient safety alerts.
- Ensure that appropriate recruitment checks are undertaken and recorded prior to employment for all staff.
- Improve management and monitoring of health and safety systems in the practice, specifically those associated with control of substances hazardous for

Summary of findings

health and ensure that there is a system in place to provide assurances that health and safety risks are adequately assessed and managed at the branch practice premises.

- Ensure that all staff employed by the practice have access to required mandatory training including annual basic life support training.
- Ensure that all staff have access to annual appraisals.
- Implement a robust system to ensure that the practice's urgent onward referrals have been received by other services.

- Ensure that patients with a learning disability are reviewed and monitored effectively.
- Improve the information available in patient waiting areas for translation services and bereavement support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- 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.
- There were systems in place for the management and monitoring of risks, however some risks were not fully assured including those associated with health and safety.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were mixed. Data for diabetic patients was in line or below local and national averages but the practice were above averages for mental health indicators.
- The practice were in line with averages for a range of screening and immunisation data.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- However, the practice did not have a thorough system to ensure that urgent referrals had always been received by other services.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 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.

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 (CCG) to secure improvements to services where these were identified. For example, the practice provided a cardiography service at the main site, which could be accessed by patients referred from another CCG GP practice.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Premises improvements had been applied for at the main site to improve accessibility for patients with restricted mobility.
- Information about how to complain was available and easy to understand.
- Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was evidence of continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had engaged with local community services to offer an opening morning for those over 75 to improve holistic health and well-being of patients. Those who did not attend were invited to the practice for a health check so they could be monitored.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mostly above averages.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the national average at 64% for 2014/15.

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.
- All these patients had a named GP and patients had been offered a structured annual review to check their health and medicines needs were being met.
- The practice were signed up to the national avoiding unplanned admissions enhanced service, to identify those patients most at risk of admission to hospital. The practice was also signed up to a local initiative to identify those at risk with two or more long-term conditions. The practice provided care plans for these patients.
- Nurses were able to offer spirometry testing for those with respiratory conditions.
- The practice provided advanced level diabetic care, including insulin initiation.
- Performance for diabetes-related indicators were mixed. For example, the number of patients who had received an annual

Good



Summary of findings

review for diabetes was 70% which was below the Clinical Commissioning Group (CCG) average of 86% and national average of 88%. However, the practice had performed in line with averages to monitor specific blood tests for those with diabetes.

- The percentage of diabetic patients who had received the flu vaccination in 2014/15 was 89%, which was below CCG and national averages.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 82% which was below the CCG average of 91% and national average of 90%.
- 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 had worked with the Patient Participation Group (PPG) to offer health education sessions. One session on diabetes had been held.
- The practice provided an in-house phlebotomy clinic with a phlebotomist, two mornings per week for practice patients and a phlebotomy service was also provided one morning per week that could be accessed by patients from across the CCG area, who were registered with a GP.
- Cardiography was available two days per week for CCG patients that had been referred to this service.
- Longer appointments and home visits were available when needed.

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 Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided baby checks, midwife-led antenatal care and postnatal care.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 81%, which was in line with the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%.
- Chlamydia screening and a full range of contraceptive services were provided by GPs and nurses. The practice was the first CCG practice to be signed up to the condom card scheme. Patients aged 16-24 from across CCG practices were able to access this scheme. Those aged 13-16 could also access the service, if they were patients registered with the practice.

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.
- Extended hours surgeries were offered from 7.30am to 8am and 6.30pm to 7pm across both practice sites, Monday to Thursday.
- The practice provided an in-house phlebotomy clinic two mornings per week for practice patients. This commenced at 7.30am on one day and 8am on the other day, which suited working-age patients.
- The practice provided a community-based cardiography service with qualified cardiographers two days per week, where patients were able to access electrocardiogram (ECG) testing without needing to attend a hospital. Practice patients and patients referred from other practices across the Clinical Commissioning Group (CCG) were able to access this service.
- One of the GPs provided a minor surgery clinic for joint injections and skin conditions at the main practice site.
- 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 including smoking cessation in-house and travel vaccinations.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice was signed up to the enhanced service to offer physical health checks to those patients with learning disabilities and six out of 36 patients had received an annual review, in 2014/15 which was 17%. Between April 2015 and March 2016 the practice had provided 11 patients with a learning disabilities health check which was 31%. Health check invitations and care plans we saw were very comprehensive and there was evidence the practice had liaised with the lead nurse for learning disabilities in the local area.
- The practice had identified 352 patients as carers which was 2.8% of the practice list. They had provided flu immunisations to 53% of carers.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people including a monthly meeting with health visitors.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 85% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was above the Clinical Commissioning Group (CCG) average of 81% and national average of 84%.
- Performance for mental health related indicators was above the CCG and national averages for the number of patients who had received an annual review at 94%; compared with CCG average of 87% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing mostly above local and national averages. There were 276 survey forms distributed 123 forms were returned. This was a response rate of 45% and this represented 1% of the practice's patient list.

- 90% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 85% and a national average of 85%.
- 82% would recommend the surgery to someone new in the area compared with a CCG average of 79% and a national average of 78%.
- 63% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 86% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 63% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 94% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 68% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 67% feel they don't normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards which were all positive about the standard of care received. Patients felt that they received an excellent service from GPs and that reception staff were very helpful. Patients felt that staff took the time to listen to them and staff were supportive and knowledgeable.

We spoke with 12 patients during the inspection and two members of the Patient Participation Group (PPG). All patients said they were very happy with the care they received and thought staff were approachable, committed and caring. NHS Friends and Family Test results for April 2015 to January 2016 showed that on average 83% of patients would recommend the practice.

The Old Court House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to The Old Court House Surgery

The Old Court House Surgery provides primary medical services in Sutton to approximately 12800 patients and is one of 27 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England. The practice also has a branch site in Robin Hood Lane Health Centre. Patients are able to attend either site to receive medical services from this provider.

The practice population has an average representation of income deprived children and older people. The practice population of children, older people and those of working age is line with local and national averages. Of patients registered with the practice, 62% are White or White British, 8% are Asian or Asian British and 4% are Black or Black British.

The main practice operates from a converted building; although all consultation rooms are on the ground floor, not all areas are easily accessible. The practice has stairs within the waiting area and indoor ramp access. The practice has access to nine consultation rooms, one nurses' treatment room and one room used for minor surgery. The branch practice is located within a purpose-built GP premises at a local health centre and the practice has access to three doctors' consultation rooms and a nurses'

treatment room. The branch practice shares the waiting and reception areas with the other GP surgery. The consultation and treatment rooms are sub-let from the other GP practice at the health centre.

The practice team at the surgery is led by five partners. There are two male and one female full time GPs who are partners and one female part time GP who is a partner. The GP team is also made up of three female salaried GPs who are part time. The total number of GP sessions per week is 51 across both practice sites. The nursing team consists of female full time nurse practitioner who is a nurse prescriber and is the fifth partner in the practice, a further female part time nurse practitioner, two female full time practice nurses who are also nurse prescribers, two female part time practice nurses and a locum female part time practice nurse and three female part time health care assistants. The non-clinical team includes a practice manager, eight administrative staff and 11 reception staff members. The practice were undergoing a change in management structure at the time of the inspection.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for trainee GPs and provides teaching to medical students; however the GP trainer was on maternity leave at the time of the inspection.

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available between 8am and 12pm every morning and 2pm and 6.30pm every afternoon. Extended hours surgeries are offered from 7.30am to 8am and 6.30pm to 7pm across

Detailed findings

both practice sites, Monday to Thursday. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Sutton CCG.

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

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 March 2016.

During our visit we:

- Visited the main site and the branch site.

- Spoke with a range of staff including GPs, the advanced nurse practitioner, a practice nurse, the practice manager and administrative and reception staff.
- Spoke with 12 patients who used the service and two members of the practice's Patient Participation Group (PPG).
- 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 56 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 comprehensive recording form available on the practice's computer system.
- The practice had a recorded 14 significant events over the past 12 months including near clinical and non-clinical incidents.
- The practice ensured that significant events and learning points were always discussed in clinical meetings, weekly management meetings and disseminated in other meetings where relevant.
- For some significant incidents viewed, it was not always clear that completed actions had been recorded.

We reviewed safety records, incident reports 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, following two incidents where cervical screening samples had not been sent for testing in a timely manner, this had been discussed at the nurses meeting and a system put in place whereby nurses or reception staff would check that all samples were sent off daily and this was recorded. A refrigerator was purchased for the reception area to house all samples provided by patients and cervical screening samples and we saw that this was in place.

The practice did not have a clear process for reviewing and actioning national patient safety alerts and medicines alerts. Although a record of alerts was not kept, there was evidence that the practice had acted on alerts, for example, they had completed a clinical audit following a medicines alert to review patients on the identified medicines.

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 adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Regular monthly meetings took place with health visitors to discuss children at risk. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Children level 3, nursing staff to at least level 2 and non-clinical staff were training to level 1. Clinical staff had also received training in safeguarding adults.
- A notice in the waiting room and in each clinical room advised patients that chaperones were available if required. Whilst undertaking chaperone duties, staff wore a tabard to indicate to patients that they were a chaperone. 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 at both practice sites. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and supporting procedures in place that contained comprehensive best practice guidance, however this was not yet tailored to the practice. Staff had received up to date infection control training. A number of infection control audits had been undertaken within the last year, including a sharps audit and handwashing audit and two infection control audits for both practice sites. We saw evidence that a number of actions had been taken as a result of the audits to ensure improvements were made in the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing and security). We noted at the main practice site, refrigerator temperatures were occasionally not recorded daily by staff, although they had a back up data logger which recorded daily temperatures. However, the practice implemented a more comprehensive written log of daily checks on the day of the inspection. Where refrigerator temperatures had previously been out of range on one occasion at the branch site, the practice had acted on this and followed their cold chain policy and also implemented the use of electronic data loggers at both sites to ensure a second temperature was recorded. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and we were shown robust systems in place to monitor their use. The nurse practitioners and two practice nurses had qualified as Independent Prescribers 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed three personnel files and found that the practice had not always undertaken all required recruitment checks prior to employment. For example, for one new starter there was evidence that only one reference had been obtained and for a locum staff member, there was no evidence of photo identification. However, evidence of professional indemnity, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been obtained for relevant staff.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had an up to date health and safety risk assessment

carried out in December 2015 at the main site and a number of actions were to be completed including reviewing the practice's control of substances hazardous to health (COSHH) systems and policies.

- Fire risk assessments had been undertaken and all actions had been completed. The practice maintained adequate records of fire drills, logs and fire equipment checks. Staff had received regular fire safety training.
- The premises used by staff and patients and the branch practice were sub-let from another GP practice in the same premises. Health and safety at the branch practice was undertaken by the GP practice who were located in the health centre premises and the last health and safety risk assessment had been undertaken in 2008. Staff working at the branch site were not sure when the last fire drill was and fire drill logs for the branch site were not able to be found on the inspection day. The practice had requested this information from the leaseholder of the branch premises after the inspection.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly at both practice sites.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The main practice site had a Legionella risk assessment in June 2015 which recommended weekly and six monthly checks. The practice had arranged for an external company to carry these out. Legionella risk at the branch practice had been assessed in 2013 and actions had been completed. COSHH arrangements were not clear. There was evidence of previous COSHH risk assessments for the main practice which were not dated. There were no clear assurances of the COSHH arrangements for the branch practice.
- 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.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training, however non-clinical staff received training every three years. This was in line with the practice's policy, which required updating.
- There were emergency medicines available in the treatment rooms at both practice sites.

Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had robust systems for checking and recording emergency medicines and equipment at both practice sites.

- The practice had a defibrillator available in both premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for both practice sites to include major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates. We found that care plans were used for a range of long-term conditions and patients were given self-management escalation plans if their conditions were to deteriorate. Care plans were also used for vulnerable patients, including those with two or more long-term conditions and those at risk of admission to hospital.

The GPs, the nurse practitioners and practice nurses had identified roles for leading in long-term conditions such as diabetes, dementia, learning disabilities and chronic obstructive pulmonary disease (COPD). A diabetes clinic was held at the practice, which provided advanced diabetic care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results were 90.7% of the total number of points available, with 6.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed. For example, 73% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 70% which was below the CCG average of 86% and national average of 88%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 81% which was below CCG average of 91% and national average of 90%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages for the number of patients who had received an annual review at 94%; compared with CCG average of 87% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 85% which was above the CCG average of 81% and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits undertaken in the last three years; two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following a safety alert, action was taken to ensure patients were on the appropriate cholesterol and blood pressure medicines. This had been repeated on four occasions to ensure that patients were on the correct dosage of prescribed medicines.
- A second completed audit had been undertaken as a result of the practice's high antibiotic prescribing. This demonstrated significant improvements in prescribing practice following both audit cycles.

Are services effective?

(for example, treatment is effective)

- The practice had recently commenced a one-cycle audit of a medicine used in cholesterol management and had identified a number of patients that were due to be reviewed.
- The practice had also undertaken a number of other audits to ensure patients were being monitored effectively including a diabetic foot care audit and a review of referrals made.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Benchmarking data was discussed at monthly CCG and locality meetings attended by one of the partners and data was shared during weekly clinical meetings and management meetings.

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 and these were visible in new staff files. It covered such topics as safeguarding, infection prevention and control, fire safety, basic life support, health and safety and confidentiality.
- Most staff received update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff had training in the Mental Capacity Act 2005. The practice had not provided mandatory training for two administrative staff members that worked at the practice small number of hours per week undertaking filing duties.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff for example, for those reviewing patients with long-term conditions. There was a wide skill mix amongst clinical staff, including GPs specialising in minor surgery, family planning and women's health and learning disabilities. The practice employed two advanced nurse practitioners specialising in long term conditions and they were nurse prescribers. Two full time practice nurses had also qualified as nurse prescribers. Staff who were prescribers, who were administering vaccinations, undertaking phlebotomy, cardiography and taking samples for the cervical screening programme, had

received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months apart from one of the advanced nurse practitioners who had not received an appraisal for some time.
- The practice was registered as a training practice for trainee GPs and provided teaching for medical students and nursing students.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, the practice did not have a failsafe system in place to ensure that their urgent referrals had been received by other services.
- The practice had effective systems in place to ensure that communications from other services and results were reviewed and actioned in a timely way.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

The practice clinicians met weekly and comprehensive minutes were kept of these meetings, where a range of issues including accident and emergency attendances were discussed. The clinicians also met for a daily referral

Are services effective?

(for example, treatment is effective)

meeting to ensure that appropriate onward referrals were made. The practice made use of a local system which allowed GPs to communicate directly with hospital specialists.

End of life care meetings took place on a monthly basis and were attended by district nursing and palliative care teams. Minutes of these meetings were kept, but they did not contain detailed information about patient discussions or action points. Multi-disciplinary team meetings also took place on a monthly basis with district nurses and we saw comprehensive minutes of these meetings. Monthly meetings also took place with the health visitor team where vulnerable children and safeguarding concerns were discussed.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent for minor surgical procedures was appropriately recorded in medical records that we viewed.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those at risk of dementia and those requiring advice on their diet, smoking and patients with learning disabilities. Patients were then signposted to the relevant service.

- Smoking cessation advice was available in-house from a health care assistant. Smoking cessation data for 2014/15 showed that of 52 patients referred in-house, there were 25 quitters which was 48%.

The practice's uptake for the cervical screening programme was 81%, which was in line with the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening via posters in the waiting area and recalling those patients who had not attended. For the previous three years, 72% of eligible patients had attended breast cancer screening which was above CCG average of 66% and in line with the national average of 72%, and 59% of eligible patients had attended bowel cancer screening which above the CCG average of 56% and national average of 58%. The practice also promoted chlamydia screening in-house.

Childhood immunisation rates for the vaccinations given were above or line with CCG averages. For 2014/15 childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 96% and five year olds from 79% to 93%.

Flu vaccination rates for 2014/15 for the over 65s were 64% which was below the national average and at risk groups was 58% which was in line with the national average. The percentage of diabetic patients who had received the flu vaccination in 2014/15 was 89%, which was also slightly below CCG and national averages. Patients were invited for flu vaccinations opportunistically, by text message, telephone invitation and posters in the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, health checks for the over 75s and NHS health checks for people aged 40–74. The practice had achieved beyond their local target for NHS health checks for 2014/15. The practice was signed up to the enhanced service to offer physical health checks to those patients with learning disabilities and six out of 36 patients had received an annual review, which was 17%. Between April 2015 and March 2016 the practice had provided 11 patients with a learning disabilities health check which was 31%. Health check invitations and care plans we saw were very comprehensive and there was evidence the practice had

Are services effective? (for example, treatment is effective)

liaised with the lead nurse for learning disabilities in the local area. 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 if they appeared distressed they could offer them a private room to discuss their needs.

All of the 56 patient Care Quality Commission comment cards we received were highly positive about the service experienced at both sites. Patients said they felt the practice offered an excellent service and they received a high standard of care. Patients reported that staff were professional, caring, polite and helpful and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 12 patients and two members of the Patient Participation Group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 90% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 85% and a national average of 85%.
- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 91% said the nurse was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 92% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 86% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 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:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. However, there were no information notices in the reception areas at either practice site informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting rooms at both sites 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 352 patients as

carers which was 2.8% of the practice list. They had provided flu immunisations to 53% of carers. There was written information at both practice sites 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. There was no information about bereavement support services available at the main practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a thorough awareness of their local population. The practice had 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 to ensure they were tailored to patients' needs. For example:

- The practice provided an in-house phlebotomy clinic with a phlebotomist, two mornings per week for practice patients. This commenced at 7.30am on one day and 8am on the other day, which suited working-age patients. The practice also provided a third clinic by a hospital phlebotomist and this was available for patients across the CCG area, registered with a GP.
- The practice provided a community-based cardiography service with health care assistants two days per week, where patients were able to access electrocardiogram (ECG) testing without needing to attend a hospital. Practice patients and patients referred from other practices across the CCG were able to access this service.
- The practice were signed up to the national avoiding unplanned admissions enhanced service, to identify those vulnerable patients most at risk of admission to hospital and had developed care plans for these patients. The practice was also signed up to a local service to identify those at risk with two or more long-term conditions. The practice used these registers of patients to ensure that vulnerable patients were able to access care and treatment in a timely way.
- The practice provided an advanced level diabetic service; they were able to initiate insulin and these diabetes clinics were led by practice nurses. Nurses were also able to offer spirometry testing for those with respiratory conditions.
- The practice had worked with the Patient Participation Group (PPG) to offer health education sessions. One session on diabetes had been held.
- The practice had engaged with local community services to offer an opening morning for those over 75 to improve holistic health and well-being of patients. Those who did not attend were invited to the practice for a health check so they could be monitored.
- One of the GPs provided a minor surgery clinic for joint injections and skin conditions at the main practice site.
- Chlamydia screening and a full range of contraceptive services were provided by GPs and nurses. The practice were the first CCG practice to be signed up to the condom card scheme. Patients aged 16-24 from across CCG practices were able to access this scheme. Those aged 13-16 could also access the service, if they were patients registered with the practice.
- The practice provided baby clinics, midwife-led antenatal clinics and post-natal checks.
- Patients were able to receive travel vaccinations available on the NHS and those available privately.
- Smoking cessation was provided in-house by health care assistants and practice nurses.
- The practice offered extended hours Monday to Thursday at both practice sites, to meet the needs of their working-age population who were not able to attend during normal opening hours.
- Home visits were available for older patients and patients who would benefit from these.
- Emergency appointments were available with a GP daily for children and those with serious medical conditions.
- There were longer appointments available for vulnerable patients including those requiring translation service and those with a learning disability.
- There were translation services available for those with language barriers and the practice had a hearing loop installed at the main practice site. Staff spoke a range of languages.
- There were disabled facilities at both sites. Consulting rooms were available on the ground floors, however access at the main practice was limited due to stairs in the waiting area but ramped access was available. The practice had applied for funding for refurbishments at the main site.

Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday. Appointments were available between 8am and 12pm every morning and 2pm and 6.30pm every afternoon. Extended hours surgeries were offered from 7.30am to 8am and 6.30pm to 7pm across both practice sites, Monday to Thursday. In addition to pre-bookable appointments that could be booked up to

Are services responsive to people's needs?

(for example, to feedback?)

two weeks in advance, same day appointments were also available for people that needed them and emergency appointments were available after telephone triage with a nurse practitioner.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages:

- 70% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 74% and national average of 75%.
- 63% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 68% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 94% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 63% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them and the practice offered a range of appointment options. Patients and staff felt that telephone access had improved since the telephone system was altered in October 2015.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Complaints were discussed at the practice management meeting weekly and in the practice team meeting every two weeks where applicable.
- We saw that there was information available to help patients understand the complaints system in waiting areas.

The practice had received 18 complaints in the last 12 months. We looked at a sample of complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Comprehensive records were kept for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a number of complaints had been received regarding difficulties getting through to the practice using the telephone system. The practice implemented a new telephone system in October 2015. The practice had not received any complaints about the telephone system since this change had been actioned.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff had been involved in developing the mission statement for the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored by the management team.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance structures and procedures in place included:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice's shared drive. However, policies were not easy to find and a number of policies required updating.
- Staff training records were not always updated. Although mandatory training systems were in place for most staff, the practice had not provided mandatory training for two administrative staff members that worked at the practice undertaking filing duties for a limited number of hours week.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had identified most risks to patient and staff safety although some risks were not fully assured including those relating to safety alerts and health and safety systems. The practice were aware of the areas that required attention, following a recent health and safety risk assessment.
- There was a comprehensive understanding of the performance of the practice. Benchmarking data was discussed at monthly Clinical Commissioning Group (CCG) and locality meetings attended by one of the partners and data was shared during weekly clinical meetings and management meetings.

- There was evidence that weekly management meeting provided effective monitoring of governance systems in the practice.
- The practice had an audit plan in place for a variety of internal systems such as for infection control, referral systems and electronic prescriptions.
- Although there was no clear clinical audit plan, there was evidence that the practice had carried out appropriate audits and improvements had been made.

Leadership and culture

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

When there were unexpected or unintended safety incidents:

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

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 partnership was well-established and all 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. There was a clear leadership structure in place and staff felt very supported by management.

- The practice held regular weekly management meetings from which information was cascaded to relevant staff groups via regular meetings.
- There were weekly clinical meetings, weekly partnership meetings and weekly nursing team meetings. Administrative staff met monthly and reception staff met quarterly with weekly email updates.
- Staff told us the practice also held regular whole team meetings every two weeks and comprehensive minutes of these were kept.
- 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 in doing so and felt supported if they did.

Are services well-led?

Good 

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

- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.
- All staff received annual appraisals and personal development plans apart from one of the nursing team.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys, NHS Friends and Family Test (FFT) comments and complaints received. There was an active PPG of 6 members which met every two months. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in 2014 following an access survey the practice implemented a daily telephone clinic from August 2014. The practice had worked with the Patient Participation Group (PPG) to offer health education sessions. One session on diabetes had been held so far however this had been poorly attended.
- The practice had engaged with the PPG to improve disabled access at the main practice site. Proposals had been submitted and the practice were awaiting final approval.

- 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.
- The Practice gathered NHS Friends and Family Test information and promoted this in the waiting areas and online. Results for April 2015 to January 2016 showed that on average 83% of patients would recommend the practice.

Continuous improvement

There was evidence of 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. The practice provided a community-based cardiography service with health care assistants two days per week, where patients were able to access electrocardiogram (ECG) testing without needing to attend a hospital. Practice patients and patients referred from other practices across the Clinical Commissioning Group (CCG) were able to access this service.

The practice were the first CCG practice to be signed up to the condom card scheme. Patients aged 16-24 from across CCG practices were able to access this scheme. Those aged 13-16 could also access the service, if they were patients registered with the practice.

The practice had engaged with local community services to offer an opening morning to improve holistic health and well-being of patients. Those who did not attend were invited to the practice for a health check so they could be monitored.