# West Barnes Surgery

## Quality Report

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Date of inspection visit: 19 October 2017
Date of publication: 24/11/2017

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

## Ratings

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

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at West Barnes Surgery on 19 October 2017. Overall the practice is rated as good, however we found the provision of safe services required improvement.

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

- The practice systems and processes to minimise risks to patient safety were not effective with regards to infection prevention and control, health and safety, and fire safety.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Data from the quality and outcomes framework (QoF) showed that patient outcomes in the practice were consistently high, demonstrating good quality care.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Assess the risks to the health and safety of service users receiving care and treatment, including the risk of infections, and ensure the premises used by the service are safe to use for their intended purpose.

# Summary of findings

The areas where the provider should make improvement are:

- Review the systems in place to check patient test results to ensure urgent test results are always seen and actioned in a timely way.
- Review how patients with hearing difficulties and other impairments are communicated with.

**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?**

**Requires improvement**

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

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice systems and processes to minimise risks to patient safety were not effective with regards to infection prevention and control, health and safety, and fire safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

**Are services effective?**

**Good**

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the local and national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

**Are services caring?**

**Good**

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for providing caring services.

# Summary of findings

- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patient's comments in our comment cards demonstrated they found it easy to make an appointment. Patients were able to make appointments with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Are services well-led?**

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. However arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.

# Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice had previously engaged with the patient participation group and was planning on reinstating the group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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

Good

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- One GP partner had the responsibility for visiting the local nursing home on a weekly basis and as necessary. This GP had studied for a diploma in geriatric medicine.

### People with long term conditions

Good

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

- Nursing staff and GP partners had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority through risk stratification meetings.
- Performance for diabetes related indicators was in line with the local and national average.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

# Summary of findings

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.

**Families, children and young people**

Good

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations, including children under the age of one who had all received a full course of recommended vaccinations.
- Reserved appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors from two clinical commissioning groups to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

Good

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments with GPs and nurses.
- 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.

**People whose circumstances may make them vulnerable**

Good

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 those with a learning disability.

# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**People experiencing poor mental health (including people with dementia)**

Good

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

- The practice carried out advance care planning for patients living with dementia.
- Performance for mental health related indicators was in line with the local and national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with local and national averages. Of the 324 survey forms distributed, 119 were returned, representing approximately 2% of the practice's patient list.

- 85% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 77% and the national average of 77%.

We received 33 CQC comment cards, completed by patients prior to our inspection, which showed high levels of patient satisfaction. Key comments included that staff were friendly, kind caring and respectful, that the service was efficient and patient centred, the premises were clean and patients felt listened to. There was also praise for the reviewed patient appointment system; however one patient also commented that they would like more appointments later in the day.

We were not able to speak with patients during our inspection. The practice did not participate in the NHS Friends and Families Test. The practice carried out their own patient surveys and results from August 2017 showed that 94% of patients completing the survey were happy with the practice opening times. The service also reviewed online comments and reviews on the NHS Choices website.

# West Barnes Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to West Barnes Surgery

West Barnes Surgery provides primary medical services in Kingston Upon Thames to approximately 7,600 patients and is one of 26 member practices in the NHS Kingston Clinical Commissioning Group (CCG). The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The Indices of Deprivation rank Kingston upon Thames as the third least deprived local authority in London and on average people in Kingston have a longer life expectancy than elsewhere in London or England. The main ethnic minority groups in the borough are Indian/ British Indian (4%), Sri Lankan (2.5%), African (2.3%) and Korean (2.2%). The practice patient population is predominantly white British.

The practice is located in a converted residential building across three floors. The ground floor offers patient reception, waiting room, accessible facilities with baby change area and patient consultation and treatment rooms. The first floor provides administrative space, patient waiting area, staff facilities and further consultation rooms. The second floor provides staff meeting space and kitchen.

The practice clinical team consists of has one part time and three full time GP partners, three regular locum GPs one full time practice nurse, one full time health care assistant and one GP registrar. West Barnes Surgery is a GP training practice. The practice administrative team is led by the practice manager, supported by an assistant practice manager, senior receptionist and seven reception and admin staff.

The practice opens its doors between 8am and 7pm Monday to Friday. Telephone lines are operational between 8.30am and 1pm and 2pm 6.30pm, with patients able to speak to a doctor for emergency enquiries through the automated telephone answering service. Appointments are available in one morning and one afternoon session Monday to Friday. The practice offers pre booked extended hours appointments from 7.30am to 8am on a Wednesday morning, between 6.30pm and 7pm on a Monday, Tuesday and Friday evening, and between 8am and 12pm on Saturday mornings. When the practice is closed, patients telephoning the practice are directed to contact the NHS 111 service.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning services; and maternity and midwifery services.

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.

## Why we carried out this inspection

We previously carried out an announced comprehensive inspection at West Barnes Surgery on 26 May 2015 under

# Detailed findings

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 was 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. The overall rating for the practice was good.

The full comprehensive report on the May 2015 inspection can be found by selecting the 'all reports' link for West Barnes Surgery on our website at www.cqc.org.uk.

This inspection was also an announced comprehensive inspection of the service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider continues 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 19 October 2017.

During our visit we:

- Spoke with a range of staff including GP partners, the practice nurse, practice manager and administrative and reception staff.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care and treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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.

Requires improvement

# Are services safe?

## Our findings

**Safe track record and learning**

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, patients are requested to book any recommended tests via reception following their consultation. One patient experienced a delay in having their blood sample taken as the booking was not made as an urgent booking. Following this delay and subsequent compliant, a significant event was raised and the practice introduced a system whereby the GP fills out a slip for patients to give to reception with their test requirements clearly illustrated.
- The practice also monitored trends in significant events and evaluated any action taken through annual significant event review meetings.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the practice nurse was trained to level 2 and non-clinical staff were trained to child safeguarding level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Systems and processes did not always demonstrate the practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place, including cleaning schedules for clinical staff to use in clinical rooms.
- The practice infection prevention and control (IPC) clinical lead was a GP partner, with responsibility delegated to the practice nurse who liaised with the local infection prevention teams and practice nurse forum to keep up to date with best practice, however the practice were not able to demonstrate how learning was implemented in the practice.
- There was an IPC protocol and staff had received up to date training online.
- The practice had received an infection prevention and control audit in 2015 from the local clinical commissioning group. The practice had achieved a high compliance score at 95%; however the audit had identified a number of infection control risks that required urgent action that had not been carried out. We were able to see that action had been taken to refurbish four out of six clinical rooms including having flooring, sinks and taps replaced, and that there were quotes to have other work carried out. However there was no evidence demonstrating outstanding infection

control issues had been assessed, were monitored and that action had been taken to minimise risk until the risks could be addressed. For example, the light fittings in the minor surgery room were not enclosed, presenting a risk of contamination. There was no mitigation in place to minimise the risk of contamination until the action to enclose the lighting was addressed. This action was recommended to be taken within one to three months of the audit. Following the inspection the practice provided us with evidence showing the remedial action had been quoted for in March 2017 and that this work had not been carried out due to funding issues and requirements for remedial work to the exterior of the building taking priority.

- The practice did not carry out any internal infection prevention and control audits to identify, assess, mitigate and monitor the risk of infection in the practice. We did not identify any significant infection control issues during our inspection; however we did note that one of the boxes used to store sharp implements such as needles had not been dated, the vaccine fridge did not have the recommended second thermometer and the bag, valve, mask equipment used in a medical emergency to deliver oxygen had been removed from its original packaging. The practice carried out actions to address these concerns during our visit.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

**Monitoring risks to patients**

Procedures for assessing, monitoring and managing risks to patient and staff safety were not always present or effective.

- There was a health and safety policy available; however the practice had not carried out any health and safety premises inspections to assess the risks to the health and safety of service users, staff and visitors.
- The practice did not have an up to date fire risk assessment and had not completed actions recommended to mitigate 24 risks identified in the previous fire risk assessment in February 2016, including high level risks such as fire proofing the area under the stairs used to house the electrical supply panel. We did not see evidence that fire risks were identified, assessed mitigated or monitored.
- The practice did carry out regular fire drills including weekly alarm tests. Firefighting and detection equipment was regularly serviced and in date. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We saw evidence the next safety inspection and calibration was booked to take place soon after the inspection and within the inspection due date.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the legionella risk assessment carried out in 2015 had a

series of recommendations to mitigate identified risks and recommended daily, weekly, monthly and annual actions for the practice to carry out. There was no evidence the practice had considered, mitigated or were monitoring the risks and carrying out recommended actions. The legionella risk assessment had not been reviewed at the recommended two year interval.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

**Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on all of the computers which alerted staff to any emergency as well as a panic alarm system accessible in clinical rooms and reception.
- All staff received annual basic life support training and 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 stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers. All staff kept a copy of the most recent business continuity plan at home for use in an emergency.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

**Management, monitoring and improving outcomes for people**

The practice used 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).

In 2015/16 the practice achieved 99% of the total number of points available compared to the local clinical commissioning group (CCG) average of 98% and the national average of 95%. The practice showed us QOF data submitted for the 2016/17 financial year which demonstrated the practice had improved their overall performance, achieving 100% of the total points available. This data had not been verified or published at the time of inspection.

The practice overall exception reporting rate for 2015/16 was 6% which was in line with the CCG average of 7% and the national average of 6%. (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).

Quality and outcomes framework data from 2015/2016 showed:

Performance for diabetes related indicators was in line with the local and national average. For example:

- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (a specific blood glucose level test) is 64 mmol/mol or less in the preceding 12 months was 85%, compared to the local clinical commissioning group (CCG) average of 83% and the national average of 78%.
- The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 79% (CCG 82%, national 78%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 82% (CCG 84%, national 80%).

Performance for mental health related indicators was in line with the local and national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98% (CCG 96%, national 89%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 98% (CCG 94%, national 89%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 76% (CCG 84%, national 84%).

Performance for indicators related to heart conditions was in line with the local and national average. For example:

- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc (risk classification) score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy was 77% (CCG 82%, national 83%).
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 81% (CCG 83%, national 83%).

Performance for indicators related to respiratory conditions was in line with the local and national average. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control, was 76% (CCG 75%, national 76%).

Good

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 95% (CCG 93%, national 90%).

There was evidence of quality improvement including clinical audit:

- We reviewed six examples of completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice carried out antibiotic prescribing audits to ensure compliance with local and national prescribing guidelines. Following baseline audit data analysis, the practice considered and implemented a number of actions to improve compliance with guidelines including ensuring prescribers had access to and were familiar with the guidelines through education sessions. Findings from the second audit cycle showed improvement the following areas audited including:
- Antibiotic prescribing compliance with local guidance improved from 47% to 70%.
- Antibiotics prescribed on delayed prescriptions where indicated had improved from 38% to 54%.
- Patients receiving treatment with quinolones, co-amoxiclav or cephalosporin (broad spectrum antibiotics) for long term prophylaxis reviewed for appropriateness of antibiotic choice and ongoing therapy in the previous six months improved from 50% to 100%.
- The percentage of patients prescribed an antibiotic with a clear indication recorded in their notes remained unchanged at 95%.
- However the use of broad spectrum antibiotics only for indications within the local guidelines or on specific recommendations of microbiology dropped from 67% to 50%.
- Following re-audit, the practice put in place measures including further education programmes for prescribers to discuss findings, developing a delayed prescribing policy and removing acne medication from repeat prescription so that the patient condition is reviewed regularly.

**Effective staffing**

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This 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. For example, lead GPs had studied for diplomas and advanced diplomas in their area of specialty including mental health and geriatric medicine. There was regular update training for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external training and in-house training.

**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; however systems for checking and actioning test results were not always effective. For example we saw evidence of test results awaiting review by the patients GP who

Good

# Are services effective?

## (for example, treatment is effective)

was not scheduled to be at the practice until the following week and there were no systems in place for other GPs to check, review or triage test results requiring urgent action.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs and those at high risk of admission to hospital.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

**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.

**Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice had trained administrative staff as weight loss consultants and smoking cessation advisers and offered this service in house to patients. Patients requiring other services such as alcohol dependent patients were referred to local support organisations.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children up to age two were below the expected national standard of 90% uptake at an average uptake rate of 88%. The practice had achieved 100% uptake for children aged 1 who had received a full course of recommended vaccine.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 83% and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and had uptake rates in line with national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. The practice had introduced background music to the upstairs waiting room as an added measure to ensure this.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

We received 33 CQC comment cards, completed by patients prior to our inspection, which showed high levels of patient satisfaction. Key comments included that staff were friendly, kind caring and respectful, that the service was efficient and patient centred, the premises were clean and patients felt listened to. There was also praise for the reviewed patient appointment system; however one patient also commented that they would like more appointments later in the day.

We were not able to speak with patients during our inspection and patient participation group (PPG) were contacted but had not provided us with any feedback about the service. However internal patient surveys and previous PPG surveys and reports showed high satisfaction levels among patients.

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

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 86%.
- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 88% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

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

Patient comment cards 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. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

Good

# Are services caring?

- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Interpreter appointments were pre booked and were scheduled as double appointments to tallow more time. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in languages other than English and in easy read format staff were available to access any other information required online.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice GPs used an online system allowing them access to information and treatment referral options from consultants who would respond within 24hrs of a request. The system allowed for patients to be appropriately referred or treated without having to wait for a consultant referral appointment.
- The practice also routinely used an online clinical decision support system providing up to date treatment guidelines and recommendations for onward referral and treatment. The practice lead worked with other practices locally to improve uptake and use of the online system in the CCG.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also engaged with the local carers' network which held a weekly surgery providing information and support for carers including social care support and well-being.

Staff told us that if families had experienced 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.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offers pre booked extended hours appointments on a Wednesday morning, on a Monday, Tuesday and Friday evening, and on Saturday mornings predominantly for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available; however the practice did not have a hearing loop installed. The practice had a system for identifying patients with additional support needs, highlighted on the computer system; however these patients had not identified any additional support systems or equipment they might need to improve access to care and services provided.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

**Access to the service**

The practice opened its doors between 8am and 7pm Monday to Friday. Telephone lines were operational between 8.30am and 1pm and 2pm 6.30pm, with patients able to speak to a doctor for emergency enquiries through the automated telephone answering service. Appointments were available in one morning and one afternoon session Monday to Friday. The practice offered pre booked extended hours appointments from 7.30am to 8am on a Wednesday morning, between 6.30pm and 7pm on a Monday, Tuesday and Friday evening, and between 8am and 12pm on Saturday mornings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 62% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 65% and the national average of 71%.
- 89% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patients comment cards demonstrated that patients were happy with the improved appointment system the practice had introduced as a result of patient and staff feedback including staggering GP appointment start times to improve access through more of the day, more telephone triage, and increasing the number of on the day appointments available.

The practice had a system to assess:

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

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

GPs would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

**Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters displayed and information in the practice leaflet and on the practice website.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint received from a patient described how the initial treatment at the practice for a burn did not meet the patients' needs and may have contributed to ongoing treatment issues. The practice reviewed its response to patients presenting with burns and determined that the practice response was adequate for minor burns but was not equipped or trained to identify and manage deal with major burns. All clinical staff received a burns management update from a specialist burns hospital and updated their equipment including burns dressings.

# 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 area and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

**Governance arrangements**

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care; however this was not always effective in monitoring and addressing risks to patients and staff. For example:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, including the care of patients experiencing poor mental health, older patients and young patients.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held informally weekly and more formally approximately monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.
- However arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective. The practice had not completed a health and safety premises risk assessment, there were overdue risk assessments for fire safety, and legionella risks with outstanding actions and mitigations from previous risk assessments carried out in 2015. The practice did not carry out its own internal infection prevention and control risk assessments and there were outstanding actions from an external infection prevention and control audit carried out in 2015.

**Leadership and culture**

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care and told us they prioritised safe, high quality and compassionate care, however there was a lack of oversight for identifying, recording and managing risks. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were not always taken for informal weekly non clinical staff meetings, however where important events and information were discussed, minutes were comprehensive and were

# Are services well-led?

Good

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

available for practice staff to view if they had not attended the meeting. Clinical meetings were held weekly and comprehensive minutes and actions monitoring was evident.

- Staff said they felt respected, valued and supported, particularly by the practice manager and also the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

· Patients through the patient participation group (PPG) and through surveys and complaints received. However the PPG had not met regularly for the last 12 months or been involved in producing and carrying out patient surveys due to ill health. The practice had carried out their own regular patient surveys focussing on raising awareness of clinics and services and delving deeper into concerns such as appointment availability and opening times identified in the external GP patient survey. As a result of patient and staff feedback, the practice changed its appointment system to stagger GP starting times so that appointment sessions were longer and patients had wider choice for appointments. The practice told us they had plans to reinstate the PPG.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had worked with the local clinical commissioning group (CCG) to help practices in the local area install and use effectively an online referral and information gathering system. GP partners had roles in the local CCG and other support organisations such as the Local Medical Committee (LMC). The practice supported GP registrars and physician's associates through their role as a training practice.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**How the regulation was not being met:**<br>• The registered person did not assess the risks to the health and safety of service users receiving care and treatment, including the risk of infections, and did not ensure the premises used by the service were safe to use for their intended purpose.<br>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |