

Manor Practice

Quality Report

57 Manor Road, Wallington, Surrey, SM6 0DE

Tel: 02086471818

Website: www.manorpractice.org.uk

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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

Following a previous comprehensive inspection of Manor Practice on 6 January 2015 the practice was given an overall rating of requires improvement. Requirement notices were set for regulations 9 (care and welfare of people who use services) and 21 (requirements relating to workers) of the Health and Social Care Act 2008.

Subsequent to the 6 January 2015 inspection we carried out an announced comprehensive inspection at Manor Practice on 27 April 2017. The practice had addressed the requirements arising from the earlier inspection and overall the practice is now rated as good.

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

- Previous breaches of regulation in respect of recruitment checks had been addressed by the practice - all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check in accordance with practice policy.
- Previous breaches in regulation in respect of patient specific directions (PSDs) had been addressed – PSDs were now in place for healthcare assistants to administer vaccines, and for the nurses to administer certain medicines such as birth control injections.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- 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.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.

Summary of findings

- 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 provider had responded to failings identified at the previous CQC inspection by appointing an experienced practice manager, committing to more clinical and financial investment from the partners, and the development of a comprehensive business development plan with input from the whole staff team.

The areas where the provider should make improvements are:

- Ensure that systems are in place to check the expiry dates of disposable equipment.
- Continue to monitor and take action to improve patient satisfaction with the practice opening hours.
- Install hearing loops in the reception areas at both sites.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the 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?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.

Summary of findings

- 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?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. This was reflected in recent changes to the staffing structure and the recruitment of a phlebotomist, a GP with an interest in family planning and a physician associate undertaking a Chronic Obstructive Pulmonary Disease diploma.
- 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.
- Patients we spoke with 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.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In one example 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 engaged with the patient participation 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

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice had recruited a new GP starting in May 2017 with an interest in mental health and care of older people.
- 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

People with long term conditions

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

Good



- The nurse practitioner had a lead role in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 67% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%.
- The national QOF data showed that 76% of patients with asthma in the register had an annual review, compared to the CCG average of 72% and the national average of 76%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- 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 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

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.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) and national averages of 82%; the practice had a designated administrative staff who monitored cervical screening uptake and results.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of weekly ante-natal and post-natal clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these

Good



Summary of findings

were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments. The practice had conducted a survey to determine when their extended hours would be most beneficial.

- 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

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 (who were also referred to a local homeless charity), travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- 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.

Good



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).

- The practice carried out advance care planning for patients living with dementia.
- The number of patients with dementia who had received annual reviews was 96% which was higher than the Clinical Commissioning Group (CCG) average of 86% and national average of 84%.

Good



Summary of findings

- 95% of 100 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average of 91% and national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- 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 were published on 07 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and ninety four survey forms were distributed and 119 were returned. This represented 1.4% of the practice's patient list.

- 84% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 69% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.

- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were 18 positive about the standard of care received, three were mixed and one was negative. Patients stated that they found reception staff to be caring and helpful, and the clinical staff delivered a high standard of care, however three patients reported difficulties accessing appointments.

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

Manor Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Manor Practice

Manor Practice is a large practice based in Wallington, south London. The practice list size is 8600.

The practice has a Personal Medical Services (PMS) contract and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include meningitis provision, childhood vaccination, extended hours access, dementia diagnosis and support, flu and pneumococcal immunisation, learning disabilities, minor surgery, patient participation, rotavirus and shingles immunisation, and unplanned admissions.

The practice has a larger than average population of patients aged between 35 and 55 years, and a higher than national and CCG average representation of income deprived children and older people. Life expectancy is 79 for males and 84 for females, which are similar to the national average life expectancies of 79 for males and 83 for females.

The practice operates from two branches; the main practice is in a converted residential building on Manor Road, with a branch in the purpose built Roundshaw Health Centre on Mollison Drive, both in Wallington. All

patient facilities are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet. The practice did not have hearing loops installed at either location.

The Manor Road practice has access to six consulting rooms and one treatment room on the ground floor. The Roundshaw branch has access to five consultation rooms over one floor, increasing to eight upon completion of refurbishment work.

Opening hours at the main site are between 8.00am and 6.30pm weekdays. Appointments are available throughout the day when the practice is open. Opening hours at the Roundshaw branch site are from 8.30am to 12.30pm and from 2.00pm to 6.30pm Monday to Wednesday, and from 8.30am and 12.30pm only on Thursday and Friday. There are extended opening hours until 8.00pm, switching between each site on alternate Tuesdays, and from 9.00am to 11.30am on Saturday at the main site.

The practice clinical team is made up of four male GP partners and two female salaried GPs providing 40 GP sessions per week, a physician associate, a nurse practitioner, two practice nurses and two healthcare assistants. The clinical team is supported by a practice manager, an assistant practice manager and 16 reception/administrative staff members. The practice is a training practice with an active teaching programme for both undergraduate medical students and post graduate doctors pursuing higher vocational training to become specialists in general practice.

The partnership is registered to carry on the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures, family planning and treatment of disease disorder or injury.

Detailed findings

Why we carried out this inspection

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

The previous inspection at the practice took place on 06 January 2015. Overall the practice was rated as requires improvement. Requirement notices were set for breaches in regulation 21 (requirements relating to workers) and regulation 9 (care and welfare of people who use services) of the Health and Social Care Act 2008. Details of these breaches can be found in pages 2 and 11 of this report.

The practice submitted an action plan following this inspection that outlined the actions they would take to make the required improvements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 27 April 2017. During our visit we:

- Spoke with a range of staff (GPs, nursing staff, administrative and reception staff) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- 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.

Are services safe?

Our findings

At the previous inspection in January 2015 patient specific directions (PSDs) were not in place for the healthcare assistant to administer vaccines, and for the nurses to administer certain medicines such as birth control injections. A requirement notice was imposed in relation to a breach of regulation 9 of the Health and Social Care Act 2008 (Care and welfare of people who use services).

Also at the previous inspection in January 2015 we found there was not a policy and procedure in place in relation to the completion of disclosure and barring service checks for new staff. A requirement notice was imposed in relation to a breach of regulation 21 of the Health and Social Care Act 2008 (Requirements relating to workers).

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). We saw an example of a prescribing error being identified by the practice, the patient was contacted by telephone immediately to ensure they did not take the medicine, invited to the practice to discuss the error and sent a follow up letter of apology and explanation. This was identified as a significant event and discussed at a clinical meeting as well as being shared with the local clinical commissioning group.
- From the sample of 12 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, the practice had identified repeated failures in the processing of fax messages between the two branches. This led to a change in policy whereby all internal fax messages would get a cover sheet and a time stamp then were given to the duty doctor before being scanned and shredded. The practice manager audited this procedure over a two week period and found no failures of protocol, the results were fed back to the practice staff.
- The practice also monitored trends in significant events and evaluated any action taken, for example the audit of their fax handling procedure.

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 and were up to date, having been found out of date at the previous inspection in January 2015. 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. We reviewed two documented examples where safeguarding concerns had been appropriately escalated, as well as evidence of quarterly meetings with the local health visitor to discuss vulnerable patients.
- The practice kept a risk register of vulnerable patients, this was subject to ongoing review and action.
- 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 three and nurses to level two or three.
- 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 an enhanced 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).

Are services safe?

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.
- The nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency 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 practitioner 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.
- At the previous inspection in January 2015 patient specific directions (PSDs) were not in place for the healthcare assistant to administer vaccines, and for the nurses to administer certain medicines such as birth control injections. At the most recent inspection we found that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and PSDs from a prescriber were produced appropriately.

At the previous inspection in January 2015 the practice did not have a policy or procedure in relation to the completion of disclosure and barring service checks for new staff, and we found that the practice accepted DBS

checks from previous employers, rather than completing the check themselves as part of the recruitment procedure. At the time of the most recent inspection we found that these procedures were in place. We reviewed six 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

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. Responsibility for specific areas of health and safety had been delegated to senior staff.
- The practice had an up to date fire risk assessment and carried out regular fire drills. 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. Staff had up to date fire safety training, which had not been in place at the time of the previous inspection in January 2015.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Some single use equipment at the branch surgery was out of date, this was immediately disposed of and the practice confirmed they had ordered new stock.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

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 staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. This had not been available at the time of the previous inspection in January 2015. 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.

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.
- One of the GP partners and the nurse practitioner at the practice were the Wallington locality GP and nurse leads, and were proactive in the use of available performance data to monitor and benchmark the performance of the practice against local practices. They also used these links to share the latest guidance from the local CCG, for example relating to asthma, cardiac care, warfarin prescribing, medicines management.
- The practice used an online NHS service which enabled GPs to confer with local hospital consultants to get advice on whether to refer a patient or not.

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 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. with a clinical exception reporting rate of 6.5% compared to the CCG average of 6.8% and national average of 9.8%. (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 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 67% (3.4% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 79% (1.9% exception reporting), which was comparable to the CCG average of 88% and below the national average of 87%.
- Performance for mental health related indicators was in line with the CCG and national averages; 95% (7% exception reporting) of patients had a comprehensive agreed care plan documented compared with the CCG average of 91% and national average of 89%.
- The number of patients with dementia who had received annual reviews was 96% (6.7% exception reporting) which was comparable to the CCG average of 86% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 93% (1.9% exception reporting) compared with the CCG average of 89% and national average of 90%.

There was evidence of quality improvement including clinical audit:

- The previous inspection in January 2015 found a lack of completed audit cycles. At the most recent inspection there had been five clinical audits commenced in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice audited their prescribing of warfarin (an anticoagulant medicine) based on the National Patient Safety Association guidelines. They found that only 42% of patients who had been prescribed this medicine had a record on the EMIS clinical system of an international normalized ratio (INR) test, which is required to learn how fast the blood clots in patients receiving this medicine. The practice reviewed each of these patients and discussed the results in a clinical meeting, appointing a clinical lead for warfarin monitoring. A second cycle of the audit

Are services effective?

(for example, treatment is effective)

found that 77% of patients did not have an INR test recorded on EMIS, an improvement of 35%, and a third cycle of the audit had been planned to monitor improvement.

Information about patients' outcomes was used to make improvements, for example an audit of the use of broad spectrum antibiotics in the practice led to a reduction from 10.99% to 6.71% of total antibiotic prescribing, which was within the Clinical Commissioning Group target.

Effective staffing

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

- The practice told us they had responded to the departure of some long standing staff members by appointing new staff based on the needs of the practice rather than "like for like" replacements. This had resulted in the recruitment of GPs with an interest in taking on a leadership role, a GP with an interest in family planning, a physician associate, a nurse practitioner, a prescription clerk and an apprentice data analyst.
- The practice had expressed an interest with the local clinical commissioning group to trial the use of a shared pharmacist.
- 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, the physician associate was studying for a COPD diploma, the GP partner had received training in advance care planning and the healthcare assistant had completed immunisation training, spirometry, assisting with minor surgery/medical procedures and had attended a local diabetes learning event. One GP partner and the nurse practitioner held diplomas in diabetes care.
- 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 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.
- From the sample of documented examples we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had developed a daily "message book" on their clinical system which was accessible by all staff, with records kept for an audit trail. This was used to improve the day to day management and responsiveness of the practice.

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.

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

Are services effective?

(for example, treatment is effective)

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. An example was seen of the relative of an adult patient with a learning disability who was required to obtain their relatives consent to access their medical records.
- 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.
- The process for seeking consent was monitored through patient records audits.

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 developed templates on their clinical system for these conditions for better management of the care of these patients.
- The practice reception areas contained a resource folder of information about different health conditions.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 84% to 96% and five year olds from 81% to 90%.

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.

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.

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.
- 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 either a male or female clinician.

Eighteen of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced, three were mixed and one negative. Patients generally said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 89%; national average of 89%).
- 85% said the GP gave them enough time (CCG average 88%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 92%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

The practice had used data from the national GP patient survey to change the balance of appointments between routine and urgent, in the hope that they would be better able to give patients enough time by increasing the number of routine appointments, although at the time of the inspection there had not been enough time to assess the impact of this change.

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 from the comment cards we received was also positive and aligned with these views. 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 generally in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments (CCG average 86%, national average 86%).
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%). The practice had identified that this was lower than the local and national average, and told us they felt this was predominantly due to the high use of locum cover during a difficult recruitment period. Now that this period had come to an end and they had recruited in accordance with the needs of the practice they anticipated this would improve, however no evidence was available at the time of the inspection.
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Are services caring?

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, and patients were signposted to this service by reception staff. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- 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.

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 150 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support, and the practice would signpost carers to a local carers centre.

Staff told us that if families had experienced 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 and/or by giving them advice on how to find a support service. An email would be sent to all staff so they could support bereaved families when they were in contact with the practice. The practice conducted after-death analysis to review if anything could have been done better in the patient's end of life care.

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 offered extended hours on a Tuesday evening until 8.00pm and Saturdays from 9.00am to 11.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, examples of these were seen on the clinical system.
- The practice had employed a physician associate in November 2016 who had longer appointments and worked in between the GP and the Nurse prescriber. She was able to see patients with acute problems and also chronic disease, to improve care for these patients and to free up GP resources for routine appointments.
- 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. Neither branch had a hearing loop installed.
- The practice was aware that their branch surgery served a population in the lowest 10% of the multiple indices of deprivation index. They had been successful in an application for an improvement grant for building work at branch surgery. This was nearing completion at the time of the inspection. The provider intended to use these additional facilities (subject to Clinical Commissioning Group and London Borough of Sutton

engagement and approval) to offer services tailored to the local population, such as parenting classes, group therapy and a "one stop shop" for help with housing and financial problems.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had implemented an email booking arrangement for deaf patients to enable them to book longer appointments and a sign language interpreter.
- The front door of the branch surgery was quite heavy and did not open automatically – patients could press a buzzer for assistance. Plans to install an automatic door were part of the ongoing redevelopment of the site.

Access to the service

Opening hours at the main site were between 8.00am and 6.30pm weekdays. Appointments were available throughout the day when the practice was open.

Opening hours at the Roundshaw branch site were from 8.30am to 12.30pm and from 2.00pm to 6.30pm Monday to Wednesday, and from 8.30am and 12.30pm only on Thursday and Friday.

There were extended opening hours until 8.00pm at alternate sites on Mondays, and from 9.00am to 11.30am on Saturday at the main site. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

The practice had conducted a patient survey in relation to their extended hours opening times, and the hours in operation reflected the preferred options of patients who responded to the survey.

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, which was below the clinical commissioning group (CCG) average of 77% and the national average of 76%. The practice had recently started to refer patients to a hub clinic run by the local GP federation that was open 8am – 8pm daily.

Are services responsive to people's needs?

(for example, to feedback?)

- 77% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) average of 74% the national average of 73%.
- 75% 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 77% and the national average of 76%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 69% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 56% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice told us that they planned to combine the telephone systems of the two practices to better facilitate booking appointments across the two sites.

The practice had a system to assess:

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

The practice had developed a home visit template on the clinical system which ensured all relevant information was available to the clinician handling home visit requests. All requests for home visits were triaged by a duty doctor and the practice had blocked afternoon appointments for these visits to take place, shared between the GP staff. 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, however at the branch surgery there was no visible information about this other than on the computer tablets.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient appointment was cancelled by text message due to staff sickness, but the patient received a text message reminder shortly afterwards. The patient received a written apology for the error, and the practice responded by changing the automated text messaging system to prevent this happening in future. The practice responded to comments on the NHS Choices website, and positive feedback, some of which obtained through social media, was also recorded by the practice and shared in staff meetings.

Are services well-led?

Good 

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

Our findings

The provider had responded to failings identified in the domains of “safe” and effective” at the previous CQC inspection. They appointed a new practice manager in February 2015, committed to additional financial investment, and implemented a business development plan based on a SWOT (strengths, weaknesses, opportunities, threats) analysis with input from the whole staff team.

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.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The provider was committed to planning for the future, they had been successful in an application for an improvement grant for building work at branch surgery, and a planned merger with a local practice had been agreed. This was due to take place in a staged process over the next two years, with a full merger envisaged for April 2019.

Governance arrangements

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

- 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 such as the Mental Capacity Act, clinical governance, long term conditions and safeguarding.
- 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, this was also benchmarked against the performance of local practices.

- Practice meetings were held 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.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, this was monitored through a practice risk register.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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. They told us they prioritised safe, high quality and compassionate care. 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 sample of 10 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, for example following a prescribing error and following an error with a cancelled appointment.
- 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.

Are services well-led?

Good 

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

- Staff told us the practice held regular team meetings, they felt they were informed and involved.
- GP trainee staff told us that they received clinical supervision for every surgery, and that the senior partners were open and approachable.
- For example the practice manager was a trained lead mentor for apprenticeships, and the practice had recently recruited an apprentice data analyst.
- 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. We noted team away days were held every six months and these included a Christmas dinner, summer barbeque and retirement parties. Meeting minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners and managers 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, although current and future architectural plans for the branch surgery and the practice merger had been shared with the PPG, on their request these plans were also added to the practice website and made available at the practices, the local library and local pharmacy, along with the minutes of the meeting.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff away days and generally 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, examples included having name badges for chaperones and changes to ensure holiday cover is more evenly spread throughout the staff team. Staff told us they felt involved and engaged to improve how the practice was run.
- As part of the process of planning the merger with the local practice, the provider had convened a public consultation attended by 50 patients, and had also shared their plans with the PPG.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. As well as being a teaching 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 was an active and leading member of the Wallington locality, in particular for performance benchmarking and attendance at the executive committee. The practice participated in the Clinical Commissioning Group (CCG) engagement scheme involving monthly GP, practice manager and nurse locality meetings, the referral management and medicines management scheme, quarterly safeguarding meetings and quarterly plenary meetings.