

Southfields Group Practice

Quality Report

492 Merton Road,
Wandsworth, SW18 5AE

Tel: 020 8875 5429

Website: www.southfieldsgrouppractice.co.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

We carried out an announced comprehensive inspection at Southfields Group Practice on 16 February 2016. Overall the practice is rated as good.

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

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice had identified a number of patients who were in need of regular medical support and monitoring for their health conditions, but were frequently not attending appointments. On investigation, these patients were not able to make their own way to the practice and would instead use the ambulance service to attend the local hospital accident & emergency (A&E) department. A practice funded trial of booking identified patients a return taxi journey for their appointment was successful in increasing attendance for routine appointments at the surgery and reducing the need for these patients to use A&E and ambulance services. This scheme is predominantly used by elderly patients with multiple healthcare needs but GPs can provide this service to

Summary of findings

any patient where needed. The local Clinical Commissioning Group (CCG) were unable to find funding for this scheme but due to the impact on improved patient outcomes and the reduced impact on other NHS services, the practice continued to fund the scheme themselves.

The areas where the provider should make improvement are:

- The practice should consider reinstating formal governance meetings.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible, however practice information was not available in languages other than English.

Good



Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a taxi service for patients who were unable to make their own way to the practice or hospital for appointments; it was used predominantly by older people with multiple healthcare needs. The practice could demonstrate increased attendance rates for routine appointments for these patients as well as a decrease in the number of out of hours, Accident & Emergency and Ambulance Service uses. This service was self-funded by the practice.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day, however patients told us that there was often a long wait for an appointment with a named or preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity but had not held regular governance meetings since late 2015. The practice should ensure regular governance meetings are reinstated in order to manage the practice effectively.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out advance care planning for older patients, including using the CCG led Planning All Care Together (PACT) service which gave patients an annual review including screening for depression, dementia, and osteoporosis. The annual review also included a medicines review, a house warmth review (for housebound patients) and a falls risk assessment as well as a general health check.
- The practice also offered a taxi service for patients who were unable to make their own way to the practice or hospital for appointments. This service was used predominantly by older people with multiple healthcare needs.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was also a lead GP for diabetes management.
- Performance for diabetes related indicators was lower than or similar to the Clinical Commissioning Group (CCG) and national average, for example; the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured within the preceding 12 months) is 140/80mmHg or less was 61%, lower than the CCG average of 74% and the national average of 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 78%, comparable to the CCG average of 77% but lower than the national average of 80%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 80%, lower than the CCG average of 87% and the national average of 88%. However the practice demonstrated improvement in performance for these indicators in 2015/16.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice carried out advance care planning for patients with long term conditions, including using the Planning All Care Together (PACT) service which included an annual health review and screening.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency department (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 66%, compared to the Clinical Commissioning Group (CCG) average of 74%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of eligible patients who had had a cervical smear test in the preceding 12 months was 82%, compared to the CCG average of 77%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses, including health visitors attending monthly multi-disciplinary team (MDT) meetings and midwives conducting weekly clinics in practice.
- The practice sent new mothers letters of congratulations which included booking arrangements for a six week post-natal appointment.
- For young people with mental health conditions, referrals were made to a local service specifically designed for young people.

Good



Summary of findings

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group, including an HIV testing facility.
- We saw evidence of the practice encouraging and supporting people back to work following illness or injury for example through suggesting adaptations in the patients' workplace.
- The practice offered daily extended hours appointments with the GPs, nurse appointments were available two evenings a week and there were GP, nurse & HCA appointments every Saturday morning, increasing access for working-age patients.

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 homeless people, elderly people and those with a learning disability. The practice also held a list of the most vulnerable patients from all of the registers.
- The practice offered longer appointments for patients with a learning disability and had a weekly presence at a local residential home for people with learning disabilities.
- The practice had completed annual health reviews for 81% of their patients registered with learning disabilities.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice carried out advance care planning for vulnerable patients, including using the Planning All Care Together (PACT) service.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

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 percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80%, comparable to the Clinical Commissioning Group (CCG) average of 86% and a national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the preceding 12 months was 87%, comparable to the CCG average of 91% and national average of 88%
- The percentage of patients diagnosed with mental health conditions who had their smoking or alcohol consumption recorded in the preceding 12 months was below CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia, including using the Planning All Care Together (PACT) service.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. There were 271 survey forms distributed and 109 were returned. This represented approximately 1% of the practice's patient list.

- 70% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 81% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 78%, national average 76%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 85%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards, all of which were positive about the standard of care received. Positive comments included that staff were friendly and helpful and that clinical staff were caring and professional.

We spoke with three patients during the inspection and three members of the practice Patient Participation Group (PPG). All three patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice offered patients the opportunity to complete a friends and family test, 83% of patients who participated said they would recommend the practice.

Southfields Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Southfields Group Practice

Southfields Group Practice provides primary medical services in Wandsworth to approximately 12,500 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) 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).

Wandsworth has 50% more 20 to 40 year olds, but 33 per cent fewer older people than other south west London boroughs, reflected in the patient demographics for the practice with 12% of patients aged 65 or over, 75% of patients aged 18-65 years old and 13% aged 18 or younger.

The practice population is in the second least deprived decile with income deprivation affecting children and adults lower than national averages. Ethnicity data shows that 79% of patients are white, 11% Asian, 4% black, 4% have mixed ethnicity and 2% are from other non-white ethnic backgrounds.

The practice operates from a purpose built property with patient facilities including reception and waiting areas on both the ground and first floors as well as practice

management facilities on the second floor, all of which are accessible by lift or stairs. The building is wheelchair accessible with disabled access facilities including dropped height reception desks and hearing loops in both reception areas.

The practice clinical team is made up of four GP partners, four salaried GPs, three nurses and two healthcare assistants. Three of the doctors are male and five doctors are female. All other clinical staff are female. The practice doctors provide 63 sessions per week. The non-clinical team consists of one practice manager, one deputy practice manager, four administrative staff and 10 receptionists.

The practice opens between 8.00am and 6.30pm Monday to Friday and offers appointments during these same times. Telephone lines are operational between the hours of 8.00am and 6.30pm. Extended hours are available Monday to Friday from 7.30am to 8am and Monday to Thursday from 6.30pm to 8.00pm. Appointments during extended hours are prebookable only. The practice also opens between 8.00am and 10.30am on Saturdays for pre-booked appointments with a GP, Nurse and Health Care Assistant.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.00am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

The practice is registered with the Care Quality Commission to provide the regulated activities of Diagnostic and Screening Services, Maternity and Midwifery Services, Surgical Procedures and Treatment of Disease, Disorder and Injury.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016. During our visit we:

- Spoke with a range of staff including four non-clinical staff, the practice manager, a practice nurse and five GPs.
- Spoke with three patients who used the service and three members of the Patient Participation Group (PPG).

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed nine comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when an agency nurse administered a vaccine out of schedule, the patient was informed, apologised to and consulted with regarding next steps. The incident was discussed at a clinical meeting and the agency nurse was also contacted and the incident discussed. The agency who supplied the nurse were made aware of the incident and the correct vaccine schedule provided to them for dissemination amongst other nurses. We saw that there were no similar incidents recorded.

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

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they

understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, Nurses to level 2 and non-clinical staff to 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

Are services safe?

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- 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 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, with 7.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was lower than or similar to the Clinical Commissioning Group (CCG) and national average, for example; the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured within the preceding 12 months) is 140/80mmHg or less was 61%, lower than the CCG average of 74% and the national average of 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 78%, comparable to the CCG average of 77% and the national average of 80%. The percentage of patients on the diabetes register, with a

record of a foot examination and risk classification within the preceding 12 months was 80%, lower than the CCG average of 87% and the national average of 88%.

- The percentage of patients with hypertension having regular blood pressure tests was 67%, lower than the CCG average of 72% and national averages of 84%.
- Performance for mental health related indicators was lower than or similar to CCG and national averages, for example; the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80%, lower than the CCG average of 86% and a national average of 84%

The practice had recognised their lower than average clinical indicators for patients with diabetes and had engaged the services of a CCG employed diabetes nurse who attended the practice once a month for diabetes clinics with the lead nurse from the practice. The practice had seen and showed us improvements in diabetes care indicators and mental health related indicators. For example, 2015/16 data submitted by the practice showed performance improvement;

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured within the preceding 12 months) is 140/80mmHg or less had improved from 61% to 67%
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months had improved from 80% to 84%
- The percentage of patients with hypertension having regular blood pressure tests had improved from 67% to 75%
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months had improved from 80% to 93%

Clinical audits demonstrated quality improvement.

- We saw evidence that three clinical audits had been undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored and included cervical screening, vitamin D testing and antibiotic prescribing. For example the practice carried out an audit of vitamin D tests to ensure these tests were carried out inline with

Are services effective?

(for example, treatment is effective)

guidelines. In the first audit cycle the practice found that of 50 vitamin D tests carried out, 11 were not in line with guidelines. The practice clinical team were reminded of the guidelines and practice information was updated to reflect best practice. The results for the second audit cycle found that three of 50 tests were outside of guidelines. Results were discussed at a clinical meeting and with individual practitioners who were provided with feedback and ongoing update training.

- Findings were used by the practice to improve services. For example, recent action taken as a result of local Clinical Commissioning Group (CCG) prescribing guidelines included ensuring testing was in line with guidelines. Practitioners who were not performing tests in line with guidelines were given additional training to raise awareness. This included providing information to Locum GPs. The practice saw an increase in compliance with guidelines including from locum GP staff.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It 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, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Clinical and non-clinical staff had effective arrangements in place for dealing with referrals, test results and discharge letters.

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

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.

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits, for example with regards to minor surgery, consent forms were signed by patients.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available on the premises and from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was better than the CCG average of 77% and the national average of 77%. There was a policy to offer telephone and 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 95% and five year olds from 81% to 95%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 55%. These were above CCG averages of 70% and 49% respectively and comparable to national averages of 73% and 50% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, patients with learning disabilities, dementia, diabetes and asthma patients as well as NHS health checks for people 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

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

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

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

We spoke with three members of the patient participation group and six patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 93% said the GP gave them enough time (CCG average 87%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 87% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for GPs who were rated 'good' were consistently high, with results for GP's who were rated 'poor' consistently lower than the CCG and national averages. The results for nurses, however, were consistently lower than CCG and national averages for those rated 'good' and for those rated poor the results were consistently higher. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).
- 72% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

The practice explained that they were having difficulty recruiting full time nursing staff and that in using agency nursing staff, there was little continuity of care in nursing appointments. The practice continued to work with nursing agencies to provide feedback on nursing staff and continued efforts to recruit full time nursing staff.

Staff told us that translation 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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 236 patients, which was 2% of the practice list, as carers. Written information was available to direct carers to the various avenues of

support available to them. Annual health checks which included mental as well as physical health and wellbeing were offered to carers. The practice demonstrated that 67% of carers had a health check in the preceding 12 months.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had requested recurrent funding from the local Clinical Commissioning Group (CCG) for a taxi service for patients who needed to attend the surgery or hospital but couldn't make their own way such as elderly patients. The practice had also identified patients who frequently missed or did not attend their appointments but who were in need of regular medical support and monitoring for their health conditions. Some of these patients were also frequent users of the local hospital accident & emergency (A&E) department and the ambulance service. The practice determined that if these patients could be seen more regularly for routine appointments, they would impact less on A&E and ambulance services. A trial of booking identified patients a return taxi journey for their appointment was successful in increasing attendance for routine appointments at the surgery and reducing the need for these patients to use A&E and ambulance services. The local CCG were unable to find funding for this scheme but due to the impact on improved patient outcomes, the practice continued to fund the scheme themselves.

- The practice offered extended hours weekday mornings and four evenings a week. The practice also opened on Saturday mornings for full services including nurse, health Care assistant and GP appointments. These extended hours were primarily aimed at working patients who could not attend during normal opening hours.
- There were longer, 15 minute, appointments available for patients with a learning disability, children and young people, carers and other groups identified as requiring additional time.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- There were disabled facilities, a hearing loop and translation services available.
- Information in languages other than English was not available in reception.

Access to the service

The practice opened between 8.00am and 6.30pm Monday to Friday and appointments were available during these same times. Telephone lines were operational between the hours of 8.00am and 6.30pm. Extended hours were available Monday to Friday from 7.30am to 8am and Monday to Thursday from 6.30pm to 8.00pm. Appointments during extended hours were prebookable only. The practice also opened between 8.00am and 10.30am on Saturdays for pre-booked appointments with a GP, nurse and health care assistant.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 68% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 57% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

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

Listening and learning from concerns and complaints

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

- 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system including information on the practice website, via posters displayed in reception and practice leaflets.

We looked at 10 complaints received in the last 12 months and found that all of the complaints were handled in a timely way and in line with the practice complaints procedure. Complaints were discussed at weekly clinical meetings and patients were written to, explaining findings after the complaint was discussed at weekly clinical

meetings. Patients were informed of next steps to be taken should they feel their complaint had not been handled satisfactorily. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, reception staff were provided with additional customer services training following complaints and comments about staff attitude. The numbers of complaints of this nature had reduced following training.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas, on the practice website and in practice information leaflets and staff knew and understood the values.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- However the practice had not had regular governance meetings but staff told us that they were kept up to date with practice business through email and ad hoc informal meetings. The practice still maintained regular clinical meetings each week as well as multi-disciplinary team meetings monthly to keep patients safe and monitor clinical risk.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular monthly team meetings until late 2015 but that these meetings would be reinstated.
- The practice held weekly clinical 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 in doing so and felt supported if they did. We noted team away days were held every 12 months.
- Staff said they felt respected, valued and supported, particularly by 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were involved in implementing and improving a new telephone answering system which allowed patients phoning for an appointment to be placed in a queue

Are services well-led?

Good 

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

rather than having to call back, which improved patient access to appointments. The PPG also lobbied the local council to provide disabled parking bays outside the practice and were waiting for a response.

- The practice had gathered feedback from 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. Staff told us they felt involved and engaged to improve how the practice was run but would welcome the return of more regular whole practice meetings and governance meetings.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had identified patients who frequently missed or did not attend their appointments but who were in need of regular medical support and monitoring for their health conditions. Some of these patients were also frequent users of the local hospital accident & emergency (A&E) department and the ambulance Service. The practice determined that if these patients could be seen more regularly for routine appointments, they would impact less on A&E and Ambulance services. A trial of booking identified patients a return taxi journey for their appointment was successful in increasing attendance for routine appointments at the surgery and reducing the need for these patients to use A&E and ambulance services. The local CCG were unable to find funding for this scheme but due to the impact on improved patient outcomes, the practice continued to fund the scheme themselves.