

Fairhill Medical Practice

Quality Report

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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?

Requires improvement



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 on 31 August 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 a system in place for reporting and recording significant events.
- Risks to patients were generally assessed and managed, however the practice did not have a documented fire risk assessment or health and safety risk assessment in place at either the practice on Kingston Hill or the branch surgery at Fairfield Kingston .
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice employed clinical staff with specialist training and qualifications to better care for their patient population, which had a high proportion of young people at one branch surgery not visited during this inspection.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Data from the Quality and Outcomes Framework (QOF) showed that in 2014/2015 patient outcomes were in line with local and national averages; however their exception reporting rate was higher than expected for some indicators.
- 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 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.

Summary of findings

- 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.

The areas where the provider should make improvement are:

- Review its levels of and processes for exception reporting and take all necessary steps to improve outcomes for patients.

- Carry out regular risk assessments for health and safety, infection control fire safety in line with practice policy, and monitor and review actions arising.
- Review the regularity of non clinical staff meetings.
- Ensure information about how to complain is on display at the practice.

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



- 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 things went wrong patients 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 in place to keep patients safe and safeguarded from abuse.
- There were procedures in place for monitoring and managing risks to patient and staff safety but these were not fully implemented. For example there was a health and safety policy and fire safety policy available, but the practice did not have an up to date health and safety risk assessment or fire risk assessment for the premises at the Kingston Hill or Fairfield branches.
- The premises were found to be clean and tidy, with daily cleaning schedules in place. The practice did not have a documented infection control audit in the previous 12 months. We saw evidence to show that such an audit was due to take place in the week after the inspection.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed that in 2014/2015 patient outcomes were in line with local and national averages; however their exception reporting rate was higher than expected for a number of indicators.
- 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population.
- The practice employed clinical staff with specialist training and qualifications to better care for their patient population, which had a high proportion of young people and people in higher education.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, however this was not on display in the practice, and the complaint form was not immediately available on request. 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 it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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

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

Good



- 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 held regular reviews and meetings for patients receiving end of life care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice discussed patients at risk of hospital admission as a standing agenda item at practice clinical meetings.
- Nationally reported data for 2014/2015 showed that outcomes for patients with diabetes were in line with local and national averages.
- The practice employed a diabetic specialist nurse who ran a clinic for patients with this condition.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and the majority had received a structured annual review to check their health and medicines needs were being met.
- In the previous 12 months of 2014/2015, 81% of patients with asthma had an asthma review. This was in line with the local and national averages.
- 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.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had recruited a practice nurse in 2015 with a special interest in sexual health and contraception. Other nurses at the practice had special interests in women's health, travel health and young adults.
- The practice's uptake for the cervical screening programme was 95%, which was above the Clinical Commissioning Group (CCG) average of 83% and the national average of 74%. The exception reporting rate for this measure was 32% compared to the CCG average of 9% and the national average of 6%. The practice was aware of their high exception reporting rate in this area, and had put a system in place to attempt to make repeated contact with these patients.
- 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.

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).

Good



- 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 employed clinical staff with specialist training and qualifications to better care for their patient population, which had a high proportion of young people and people in higher education.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including children and adults, and those with a learning disability. The practice regularly updated the register with the outcomes of multidisciplinary meetings and actions being taken by the practice.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators were comparable to CCG and national averages.
- 80% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 92% and the national average of 88%.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 89% compared to the CCG average of 83% and the national average of 84%. The practice had an exception reporting rate of 21% for this indicator, compared to the CCG average rate of 8% and the national average of 8%.
- Two of the doctors at the practice held diplomas in mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 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 were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and seventy seven survey forms were distributed and 84 were returned. This represented less than 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients commented that clinical and reception staff were helpful and caring, and that they were treated with dignity, sympathy and respect. Ten patients commented that it was occasionally difficult to get an appointment.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Two patients commented that they sometimes found it difficult to book an appointment, and three patients told us they sometimes had to wait a long time in reception.

Fairhill Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an expert by experience.

Background to Fairhill Medical Practice

The staff team comprises five GP partners and seven salaried GPs, of which nine are female and three male. The GPs provide 66 clinical sessions per week. There is one female lead nurse, two female practice nurses and one phlebotomist. Non clinical staff include an operations manager, two practice managers, three deputy managers, two medical secretaries and 17 administrator / receptionists.

When the practice is closed patients are automatically directed from the practice telephone to the NHS 111 service, and the nearby Kingston Hospital. This information is also available on their website and in their practice leaflet.

Fairhill Medical Practice is a large practice based in Kingston, south London. The practice list size is 22,210. The practice population is diverse and is in an area in London of low deprivation. One of the three branches is located on the premises of a local University and as such is only accessible to patients from the University. Compared to an average GP practice in England, there is a higher than average percentage of patients in employment or full time education and a significantly higher than average percentage of patients between the ages of 15 and 29.

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 childhood vaccination, extended hours access, dementia diagnosis and support, flu and pneumococcal immunisation, learning disabilities, minor surgery, remote care monitoring, risk profiling, rotavirus and shingles immunisation, and unplanned admissions.

The practice operates from three locations; the main practice is on Kingston Hill, with one branch on Fairfield South and one in the Kingston University Health Centre on the Penrhyn Road campus. Two locations are purpose built premises and the Kingston Hill practice is a converted residential building. All patient facilities are wheelchair accessible and there are facilities for wheelchair users including a disabled toilet. The practice had installed hearing loops at each location.

The Kingston Hill practice has access to six consultation rooms on the ground floor. Opening hours are between 8.00am and 8pm weekdays, and at variable times on Saturday mornings.

The Fairfield South practice has access to four consultation rooms on the ground floor. Opening hours are between 8.00am and 8pm on weekdays.

The University practice has access to three accessible consultation rooms on the first floor. This location was not inspected as part of this inspection, as the University campus is closed during the summer. Term-time opening hours are between 8.00am and 5.30pm on weekdays only.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated

Detailed findings

activities of; treatment of disease, disorder or injury; diagnostic and screening procedures, maternity and midwifery services, family planning and surgical procedures.

Appointment times across the three branches are as follows:

F = Fairfield; H= Kingston Hill; U= University

Monday

8.30am - 11.30am (H) 8.30am - 12.00pm (F) 8.30am - 12.30am (U)

2.00pm - 8.00pm (H) 2.00pm - 8.00pm (F) 2.00pm - 8.00pm (U)

Tuesday

8.30am - 11.30am (H) 8.30am - 11.30am (F) 8.30am - 12.30am (U)

2.00pm - 8.00pm (H) 2.00pm - 8.00pm (F) 2.00pm - 5.30pm (U)

Wednesday

8.30am - 11.30am (H) 8.30am - 11.30am (F) 8.30am - 12.30pm (U)

3.00pm - 8.00pm (H) 2.30pm - 6.00pm (F) 2.00pm - 5.00pm (U)

Thursday

8.30am - 11.30am (H) 8.30am - 11.30am (F) 8.30am - 12.30pm (U)

3.00pm - 6.00pm (H) 2.00pm - 8.00pm (F) 2.00pm - 5.00pm (U)

Friday

8.30am - 11.30am (H) 8.30am - 11.30am (F) 8.30am - 12.30pm (U)

2.00pm - 6.00pm (H) 2.00pm - 6.00pm (F) 2.00pm - 5.00pm (U)

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.

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 31 August 2016. During our visit we went to Kingston Hill and Fairfield South locations and we:

- Spoke with a range of staff including practice GP partners, salaried GPs, practice nurses, practice managers, administrative and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form and risk assessment template 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).
- The practice incident and significant event policy did not contain a definition of a significant event or differentiate between a significant event and an incident.
- The practice had identified eight significant events in the previous year. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and a written apology.
- The practice carried out an analysis of the significant events and these were discussed at clinical meetings. The practice kept a record of the required actions and lessons learned from significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when a member of staff reported that the battery in the defibrillator had expired, the practice introduced a weekly check of the battery levels.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies, minutes of these meetings were seen. Evidence was seen of appropriate referrals being made where the practice was concerned about a child or vulnerable adult. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Reception staff told us that they were made aware of safeguarding concerns about patients and would alert clinical staff if a vulnerable patient was attending the practice.
- The practice kept a safeguarding register and alerts had been set up on patient records. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and administrative staff to level 1. All staff had received adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required and the practice had a chaperone policy in place. All staff who acted as chaperones was trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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.
- The practice had not undertaken an infection control audit in the previous 12 months. The practice told us this was due to changes in the nursing staff team in 2015. We saw evidence to show that this was due to take place in the week after the inspection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).
- We reviewed seven 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.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety but these were not always followed. For example there was a health and safety policy and fire safety policy available, but the practice did not have an up to date health and safety risk assessment or fire risk assessment for the premises at the Kingston Hill or Fairfield branches.
- The practice had fire extinguishers and fire alarms in place, they carried out regular fire drills, fire alarm and fire extinguisher testing, and had trained fire wardens on the staff team. Staff received regular fire training.
- 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 other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty. The practice used a bank of locum doctors to cover for any GP shortages which were planned on a monthly basis across the three sites, and there were thorough recruitment processes and an induction pack for locum staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff; this was rectified subsequent to the inspection.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used 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 to the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. The exception reporting rate was 15% compared to the CCG average of 10% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to local and national averages. For example, 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 80% and the national average of 77%. The practice had an exception reporting rate of 16% for this indicator, compared to the CCG average rate of 14% and the national average of 12%.
- The number of patients who had received an annual review for diabetes was 75% compared to the CCG

average of 88% and the national average of 88%. The practice had an exception reporting rate of 16% for this indicator, compared to the CCG average rate of 9% and the national average of 8%.

- Performance for mental health related indicators were comparable to CCG and national averages. For example, 80% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 92% and the national average of 88%. The practice had an exception reporting rate of 6% for this indicator, compared to the CCG average rate of 10% and the national average of 13%.
- The number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 89% compared to the CCG average of 83% and the national average of 84%. The practice had an exception reporting rate of 21% for this indicator, compared to the CCG average rate of 8% and the national average of 8%.

The practice was aware that for many performance indicators their rate of exception reporting was higher than local and national averages, and told us that they had a robust system of contacting and recalling patients for review. Patients would be contacted three times by letter and with a phone call before they were excepted from the register.

Among the practice population were approximately 8500 people in higher education. The practice told us they request and record how long such patients were studying for when they register with the practice, in order to better manage the patient list. However, these patients frequently changed their residence and contact details, making it difficult for the practice to contact them and less likely for them to attend the practice regularly for reviews and treatment.

In order to reduce exception reporting the practice was undertaking a programme to identify and remove from the practice list patients in higher education who were no longer living in the area. The provider told us that they anticipated a reduction in levels of exception reporting when this programme was completed. However some

Are services effective?

(for example, treatment is effective)

indicators for which prevalence among people in higher education was low, for example dementia, coronary heart disease and rheumatoid arthritis would be unaffected by this programme.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out 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 a two cycle audit of 98 patients with asthma was carried out, to measure the practice effectiveness at prescribing medication, and encouraging patient self management and inhaler technique. The practice achievement against eight measures of clinical care had improved from a range of 56% - 83% in the first cycle to 83% – 100% in the second cycle.

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. 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, nursing staff at the practice had received recent training updates for cervical and breast cancer screening, travel vaccinations, immunisations, and mental capacity. One of the nurses at the practice was employed by the local clinical commissioning group to act as a mentor to health care assistants and newly qualified nurses in the local area.
- The practice invited external healthcare professionals to speak at practice meetings to promote staff learning. In the previous 12 months learning sessions had been held for smoking cessation, sexual health, mental health, medicines management, care coordination and paediatric allergies.
- 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. 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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.

Are services effective?

(for example, treatment is effective)

- 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. 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. Patients were signposted to the relevant service.
- Diet and smoking cessation advice was available from a local support group.
- The practice produced its own information leaflets for smoking cessation, local baby clinics, alcohol and dietary advice and these were available in reception.

The practice's uptake for the cervical screening programme was 95%, which was above the CCG average of 83% and the national average of 74%. The exception reporting rate for this measure was 32% compared to the CCG average of 9% and the national average of 6%. The practice was aware that it had a higher than average exception reporting rate for their cervical screening programme. They had analysed those patients who were excepted from the cervical

screening data over the previous 5 years and found that of 1628 patients excepted, over half were students from the local University. The practice told us these patients frequently changed their residence and contact details, making it difficult for the practice to contact them and also for them to attend the practice regularly for reviews and treatment.

There was a policy to offer telephone reminders and text messages for patients who did not attend for their cervical screening test, and to include written reminders with prescriptions.. 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 due to abnormal results. 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 86% to 97% compared to the CCG rates of 87% to 96%, and five year olds from 82% to 98% compared to the CCG rates 84% to 92%.

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

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 had recently completed training in customer care.

Patients commented that clinical and reception staff were helpful and caring, and that they were treated with dignity, sympathy and respect. Ten patients commented that it was occasionally difficult to get an appointment, one patient found it difficult to arrange a repeat prescription and one patient felt the doctors did not always give them enough time.

We spoke with members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 78% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 213 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

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.

- The practice offered extended hours every weekday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities for patients with physical disabilities, a hearing loop and translation services available.
- The practice employed GPs with specialisms in dermatology, ear nose and throat conditions, musculoskeletal and sports medicine to improve services for the high proportion of students and young people among their patient population.
- One of the nurses at the practice was a qualified community interpreter.

Access to the service

Appointment times across the three branches are as follows:

F = Fairfield; H= Kingston Hill; U= University

Monday

8.30am - 11.30am (H) 8.30am - 12.00pm (F) 8.30am - 12.30am (U)

2.00pm - 8.00pm (H) 2.00pm - 8.00pm (F) 2.00pm - 8.00pm (U)

Tuesday

8.30am - 11.30am (H) 8.30am - 11.30am (F) 8.30am - 12.30am (U)

2.00pm - 8.00pm (H) 2.00pm - 8.00pm (F) 2.00pm - 5.30pm (U)

Wednesday

8.30am - 11.30am (H) 8.30am - 11.30am (F) 8.30am - 12.30pm (U)

3.00pm - 8.00pm (H) 2.30pm - 6.00pm (F) 2.00pm - 5.00pm (U)

Thursday

8.30am - 11.30am (H) 8.30am - 11.30am (F) 8.30am - 12.30pm (U)

3.00pm - 6.00pm (H) 2.00pm - 8.00pm (F) 2.00pm - 5.00pm (U)

Friday

8.30am - 11.30am (H) 8.30am - 11.30am (F) 8.30am - 12.30pm (U)

2.00pm - 6.00pm (H) 2.00pm - 6.00pm (F) 2.00pm - 5.00pm (U)

The practice offered extended hours every weekday evening until 8.00pm for working people. 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 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 Clinical Commissioning Group (CCG) average of 75% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

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

The practice had a system in place to assess:

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

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a home visit protocol in place to ensure requests were appropriately handled by reception staff and patients were called back by a duty doctor who would conduct clinical triage of the case. 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 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.
- The practice had a complaint form for patients but this was not advertised in the reception or waiting area of

the Kingston Hill branch and when asked, reception staff were not able to locate the form. The form was subsequently provided during the inspection and the practice told us the delay was due to them running out of copies at the reception desk.

- There was a designated responsible person who handled all complaints in the practice.

We looked at 8 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. In one example a patient complained about their clinical care and was invited into the practice for a meeting with a GP partner, this was followed by letters of apology to the patient from the GP and practice manager. Learning points were recorded against individual concerns and complaints and were shared with staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. 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 in place and were available to all staff, although policies relating to fire, infection control and health and safety had not been fully implemented.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice held regular branch managers meetings to ensure the practice was operating closely across all three locations, for example with rota and locum planning.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had previously successfully bid to mentor a local failing practice, and to manage and support that practice to improve outcomes for patients.

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 in place 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. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Clinical staff told us the practice held regular team meetings. The practice held biannual all staff meetings and social events, as well alternate clinical and partners meetings every week and three monthly meetings of the nursing team.
- Non clinical staff told us that although they were kept informed of important and relevant issues by the practice email and instant messaging system, they did not meet as a group as frequently as they would like, and had not had a formal meeting in the month prior to the inspection. The practice told us that they had recognised this and were planning to introduce more frequent receptionist and administrative meetings in future.
- 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 and social events were held at least every six 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.

Are services well-led?

Good 

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

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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following comments from the PPG, and in the NHS friends and family test, the practice changed the seating layout in the reception area to make it easier to clean and to reduce the risk of people tripping on chairs.
- 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. For example

following feedback from staff, the clinicians at the practice had made efforts to better communicate and engage with them. Staff told us they felt more involved and engaged to improve how the practice was run than they had been in the past.

- The practice had received an “enter and view” visit from Kingston Healthwatch and had taken action to address the recommendations arising from this visit. The PPG was invited to the practice for a demonstration of the changes that had been made.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice invited external healthcare professionals to speak at practice meetings to promote staff learning. In the previous 12 months learning sessions had been held for smoking cessation, sexual health, mental health, medicines management, care coordination and paediatric allergies. The practice had also supported one of their reception staff to develop into the role of deputy branch manager.