

Mitcham Family Practice

Quality Report

55 Mortimer Road
Mitcham
Surrey
CR4 3HS

Tel: 020 8648 2432

Date of inspection visit: 4 November 2015

Website: <http://www.mitchamfamilypractice.nhs.uk/> Date of publication: 24/12/2015

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Mitcham Family Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mitcham Family Practice on 4 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, it was not always clear if the practice acted on and monitored significant events and incidents effectively.
- Most risks to patients were assessed and well managed, with the exception of those relating to medical emergencies.
- 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.

- Data showed patient outcomes were average or above for the locality. Although some audits had been carried out, there was minimal evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Information about services was available but not everybody would be able to understand or access it.
- Information about services and how to complain was available but the complaints process was not clear for patients.
- The practice had a number of policies and procedures to govern activity and support staff.
- The practice had proactively sought feedback from patients and had an active patient participation group.

Summary of findings

- Although staff felt supported by the partners and management, there was evidence of conflict within the partnership which affected communication and decision-making in the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure that the practice has systems in place to be able to appropriately respond to emergencies: specifically basic life support training for all staff, access to a defibrillator or adequate assessment and mitigation of risk and the availability of emergency medicines in line with recommended guidance.
- Ensure that the practice has governance systems in place to ensure that outcomes of incidents, complaints and audits are acted on and monitored to drive improvements in the quality of the service.

In addition the provider should:

- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Ensure that clinical staff are aware of their responsibilities in relation to the Mental Capacity Act.
- Ensure that multi-disciplinary meeting minutes are used effectively to monitor and improve patient outcomes.
- Provide information for patients to direct them to support services available to cope emotionally with care and treatment, including support for carers and families who have suffered a bereavement.
- Ensure the practice is able to identify patients acting as carers.
- Ensure there is effective communication to ensure that the partnership has the capacity to deliver all improvements identified.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were communicated and discussed, however action taken was not always monitored.
- Most risks to patients were assessed and well managed, including those for safeguarding, infection control, medicines management, health and safety and recruitment.
- However systems and processes for dealing with medical emergencies were not fully established. The practice did not have the required level of mandatory training for all staff or the availability of equipment and medicines to be able to manage potential risks.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 people's needs, however meeting minutes were not used effectively to monitor and improve patient outcomes.
- There was minimal evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- Not all clinical staff had a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about support services was not always available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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, providing a winter paediatric clinic and hosting a health promotion and lifestyle advice clinic.
- 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.
- Information about how to complain was available, although not always clear to patients. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff although it was not always clear whether actions were implemented as a result of this.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- It had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's vision and strategy were not documented but most staff were clear about their vision and their responsibilities in relation to this.
- There was an overarching governance framework which supported the delivery of the service and good quality care. Arrangements to monitor and implement actions to improve quality were not fully established.
- There was a leadership structure and most staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- All staff had received detailed annual appraisals and were provided with development opportunities.
- Some governance meetings were held but these were not always used effectively to drive improvements.

Requires improvement



Summary of findings

- Staff meetings were held and staff were encouraged to attend but there was evidence of conflict between the partners which impacted on improvements being made in the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 requires improvement for the care of older people.

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population, including annual health checks for those over 75.
- It was responsive to the needs of older people, and offered longer appointments, home visits and urgent appointments for those with enhanced needs.
- The patients most at risk were placed on the practice's avoiding unplanned admissions register and received a care plan.
- The practice referred to local services and worked with multi-disciplinary teams to monitor patients at risk.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above or in line with Clinical Commissioning Group (CCG) and national averages.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was in line or above CCG and national averages, at 69% for 2014/15.

Requires improvement



People with long term conditions

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

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice worked with a hospital diabetic nurse one morning every two weeks to provide specialist diabetes care.

Requires improvement



Summary of findings

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average. The number of patients who had received an annual review for diabetes was 94% which was above the CCG average of 89% and national average of 88%.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with two or more long-term conditions, they were put on the practice list and received a comprehensive care plan.
- For those with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The patients most at risk were placed on the practice's avoiding unplanned admissions register and received a care plan.
- Longer appointments and home visits were available when needed.
- Appointments were available six months in advance if required which suited patients with long-term conditions.

Families, children and young people

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

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening uptake had been low but the practice had worked to improve this to 79% for 2014/15, which was in line with Clinical Commissioning Group (CCG) and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- Children were prioritised for appointments. During winter months, the practice had been signed up to an initiative to provide a paediatric winter clinic three days per week to ensure enhanced access to urgent appointments.
- The practice offered joint baby and post-natal checks for mothers so this was more convenient for patients.

Working age people (including those recently retired and students)

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

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 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 for appointments, repeat prescriptions and access to patients' summary medical records.
- As well as a full range of health promotion and screening that reflects the needs for this age group, the practice hosted a healthy lifestyle advice clinic one day per week.

Requires improvement



People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider was rated requires improvement for effective, caring and responsive services for this population group. There were, however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, housebound patients and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- Patients with a learning disability received annual reviews and 60% of 11 patients on the register had received a review in 2014/15.

Requires improvement



Summary of findings

- The practice did not have an updated register of patients acting as carers and there was no evidence of information to support carers in the practice.
- Translation services were available and they were actively used in the practice, however the practice did not have a hearing loop installed.
- There were disabled facilities as the premises was purpose built, however treatment couches were not accessible for all patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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 requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 93% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which were above Clinical Commissioning Group (CCG) and national averages.
- Performance for mental health related indicators was above the national average and 92% of patients had received an annual physical health check.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. They met on a quarterly basis with mental health specialist doctors to discuss those patients most at risk.
- The practice provided services to patients from a local mental health care home. Patients attended the practice with their carers and were able to access longer appointments. Home visits were provided if required.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- It 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 some understanding of how to support people with mental health needs and dementia; however not all GPs had received training in the Mental Capacity Act 2005.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 447 survey forms were distributed and 88 were returned. This was a response rate of 18%.

- 96% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 79% and a national average of 85%.
- 90% find it easy to get through to this surgery by phone compared with a CCG average of 60% and a national average of 73%.
- 93% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 69% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.

- 85% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.
- 53% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 55% and a national average of 65%.
- 49% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards all of which were positive about the standard of care received. Patients felt that the reception staff were friendly and helpful and that GPs were patient and took the time to listen to them.

We spoke with six patients during the inspection. Patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Comments cards received and patients we spoke with reported that there was not much difficulty getting appointments however when they attended the practice, appointments were frequently delayed.

Mitcham Family 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, a second CQC inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Mitcham Family Practice

Mitcham Family Practice provides primary medical services in Merton to approximately 3200 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). The practice population is in the fifth least deprived decile in England.

The practice population has a lower than CCG average representation of income deprived children and older people. The practice population of children, older people and those of working age are in line with local and national averages. The practice area is comprised of predominantly White and White British at 48%, 26% Asian or Asian British and 18% Black African, Caribbean and Black British patients.

The practice operates from purpose-built premises and it was re-located here in April 2015. All patient facilities are on the ground floor and are wheelchair accessible and the practice has access to four doctors' consultation rooms and one nurse's consultation room and one treatment room. The practice team at the surgery is made up of two full time male lead GPs who are partners, one part time locum female GP completing two sessions per week on a Saturday and a part time female practice nurse. The practice team also consists of a practice manager, and four part time

administrative and reception staff members. The practice also had a volunteer member of staff on a work-placement, to assist with administrative and reception duties at the time of the inspection.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8.00am to 6.30pm Monday to Friday. Appointments are available between 9am and 11am every morning and 4.30pm and 6pm every afternoon. Extended hours surgeries are offered from 10am to 12.30pm on Saturday.

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

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, maternity and midwifery services and treatment of disease, disorder or injury. The provider and location were previously registered with the Care Quality Commission as Graham Road Surgery.

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

Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015. During our visit we:

- Spoke with a range of staff including five reception and administrative staff, the practice manager, two GPs and the practice nurse and we spoke with six patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed 14 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 are provided for specific groups of people and what good care looks 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 a system in place for reporting and recording significant events.

- The practice had an incident reporting policy that had recently been amended to reflect the practice's duty of candour responsibilities.
- All staff were aware of the incident reporting process which was to inform the practice manager of any incidents and there was also a recording form available which a range of staff had completed.
- The practice discussed any incidents in the practice clinical meetings and in the practice staff meetings where relevant, so they could be shared with non-clinical staff.
- The incident reporting forms did not contain a system for recording lessons learnt and actions taken as a result, however actions to be taken were discussed and recorded in meeting minutes.
- The practice did not have an effective system for ensuring that actions following incidents had been implemented.

The practice had reported eight significant events in the last year. We reviewed incident reports and minutes of meetings where these were discussed. Lessons were shared and there was some evidence that action was taken, for example staff were aware that where doctors advised patients to attend the surgery at a specific time, doctors were required to put a note on the patient's record to ensure effective communication and prevent double booking of appointments. However, from incident records and meeting minutes we viewed, there was also evidence of disagreement between the doctors about the incidents that were discussed, which hindered action taken to improve safety in the practice.

The practice had a record of national patient safety alerts and medicines alerts that were sent to the practice. The practice manager and doctors received these and they were shared with other staff where relevant, however there was no evidence that alerts had been read and actioned appropriately.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements and the practice's 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 both safeguarding adults and children. 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 and the practice nurse to level 2. Non-clinical staff had all been trained 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 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 however we noted on the inspection day that the disposable curtains in consultation rooms had not been replaced in line with guidance. They were due to be replaced in October 2015. 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 policy in place with supporting procedures and all staff had received up to date training and were aware of their responsibilities in relation to this. Annual infection control audits were undertaken and we saw evidence

Are services safe?

that action was taken to address any improvements identified as a result, such as ensuring all staff received infection control training as part of the induction process.

- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe. This included the obtaining, prescribing, recording, handling, storing and security of medicines. Although adequate checks were being completed, we noted that the system for checking expiry dates was not easy to understand. 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. The practice was aware of its performance in relation to antibiotic prescribing from CCG prescribing benchmarking data. 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.
- We reviewed three personnel files and found that 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. The practice had also employed three locum staff members in the previous year and most checks had been carried out; but evidence of indemnity was not always obtained.

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 which had been updated to reflect the move to new premises. Health and safety information had been discussed at a staff meeting after the practice moved premises to ensure all staff were aware of the new procedures. The practice had a variety of other risk assessments in place to monitor safety of the premises and staff including those for clinical waste and sharps, lone working and Control

of Substances Hazardous to Health (COSHH). The practice did not have evidence of the risk assessment for Legionella from the owner of the premises, however the premises were new and purpose-built.

- The practice had an up to date fire risk assessment and carried out fire drills six-monthly. There was evidence of the fire procedure around the premises and up to date checks for fire alarms and extinguishers. Staff had completed online training for fire safety.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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. The locum GP who worked on a Saturday was also able to provide cover for periods of leave.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents but systems were not robust.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training but only one non-clinical staff member had received training in basic life support. The practice did not normally offer this training to non-clinical staff; this was not in line with resuscitation guidance.
- 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 but we observed that the practice did not stock some required emergency medicines such as aspirin, GTN and diazepam. This was not in line with recommended guidance.
- Oxygen was available with adult and children's masks which were checked monthly. There was also a first aid kit and accident book available.
- The practice did not have a defibrillator available on the premises but they had completed a risk assessment to

Are services safe?

demonstrate why a defibrillator was not required. However this did not provide adequate assurance that risks had been mitigated appropriately, as the main risk identified was that not all staff had received mandatory basic life support training.

- 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 and had been updated to include all relevant information for the new premises.

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 attended Clinical Commissioning Group (CCG) meetings where best practice guidance was discussed in conjunction with expertise from hospital consultants.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

The GPs saw patients with a range of conditions including diabetes, dementia and Chronic Obstructive Pulmonary Disease (COPD). The practice nurses assisted with assessing needs of patients with COPD and asthma. From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates where relevant. Care plans we reviewed included those for patients most at risk of admission to hospital and care plans to support patients over the age of 75. The practice had completed 100% of care plans for all 51 patients on the avoiding unplanned admissions register. The practice had signed up to the learning disabilities health check enhanced service in April 2015 and 60%, which was six out of 10 patients on the register, had received a review in the previous year. The practice also kept a register of patients with two or more long-term conditions and completed care plans for these patients to ensure their needs were addressed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 97.5% of the total number of points available, with 9.9% exception reporting. 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 better than the Clinical Commissioning Group (CCG) and national average. For example, 87% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 73% and the national average of 78%. The number of patients who had received an annual review for diabetes was 94% which was above the CCG average of 89% and national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was similar to the CCG and national average of 83% and 84% respectively.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above CCG average of 91% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above the CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was above the national average; 92% of patients had received an annual review compared with national average of 88%.
- The number of patients with dementia who had received annual reviews was 93% which was above the CCG and national averages of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% in line with CCG average of 93% and national average of 90%.

The practice had undertaken audits to improve the quality of services, however these were not completed clinical audits which demonstrated an improved outcome for patients.

Audits included:

Are services effective?

(for example, treatment is effective)

- The practice had undertaken an audit to ensure patients at risk of dementia were identified and referred to the appropriate services. They had undertaken this audit again after two months to monitor the practice's register of dementia patients.
- The practice had taken part in three prescribing audits in conjunction with the CCG pharmacist within the last 12 months. All three were one cycle audits so any improvements made had not yet been assessed.
- The practice had also undertaken audits for cervical screening testing annually to monitor the number of inadequate test results. The inadequate rate had reduced over the last two years.

The practice was also participating in local and national benchmarking (and local data from the CCG indicated that the practice were performing above average for some health promotion activities). However, the practice scored below average for their cervical screening uptake which they had identified and were working to address. We were shown evidence that one of the partners attended CCG locality meetings where benchmarking data was discussed and shared.

The practice used registers for patients most at risk to monitor patient outcomes, including those patients at the end of life. The practice was also involved in recruiting patients to a research study which was being conducted by a London hospital in order to promote outcomes for patients. Appropriate patients with relevant symptoms of suspected lung and colorectal cancer were offered the opportunity to be involved in the study. Where patients consented to this, a specialist nurse involved in the study saw patients in the practice.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff including those on work experience or work placements, that covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality which were updated in line with guidance. Staff felt the induction processes met their needs. However, non-clinical staff did not routinely receive basic life support training.

- Clinical staff received mandatory training that included: safeguarding, fire procedures, information governance, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. However, only one of the GPs had received training in the Mental Capacity Act.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to most training to meet these 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 the revalidation of doctors. Doctors attended a range of teaching sessions held by the Clinical Commissioning Group (CCG). All staff had had an appraisal within the last 12 months and appraisals we saw included personal development needs.

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 and medical records. 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 people to other services.
- Investigation and test results were received electronically and were dealt with in a timely way.
- Correspondence about patients' care and treatment was received from a range of sources and processed electronically. It was then made available on patients' care records.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and

Are services effective?

(for example, treatment is effective)

treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis with the district nursing team and palliative care team for those patients most at risk and quarterly meetings were held with specialist doctors from the community mental health team for those patients with the most complex needs. Minutes of these meetings were kept, however they did not contain any detail about discussions that were held in order to ensure patients were monitored and actions were completed.

The practice also held monthly clinical meetings to discuss any significant events and complex patients.

Consent to care and treatment

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

- Most clinical staff were aware of the consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, however one GP did not demonstrate a comprehensive understanding of their responsibilities in relation to mental capacity.
- When providing care and treatment for children and young people, all clinical staff carried out assessments of capacity to consent in line with relevant guidance and we were shown examples of when this had been required.
- The process for seeking consent was not monitored through records audits. However from records we viewed, consent was recorded and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with a learning disability. Patients were then signposted to the relevant service.
- A healthy living service was available on the premises which provided lifestyle advice and smoking cessation advice. Smoking cessation data for the practice showed that from the seven patients who signed up to the service, four patients had successfully quit, which was 57%, above the Clinical Commissioning Group (CCG) average of 45% for 2014/15.

The practice's uptake for the cervical screening programme was 58% for 2013/14, which was below the national average of 82%. The practice showed us that they had promoted this opportunistically, through telephone and letter reminders, and had improved the uptake of cervical screening to 79% in 2014/15 which was comparable to the CCG average of 83% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and the uptake was 63% and 41% respectively for the last year.

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 91% to 100% and five year olds from 70% to 96%. Flu vaccination rates in 2014/15 for the over 65s were 69%, above the CCG average but in line with the national average. Flu vaccination rates in 2014/15 for at risk groups were 64% which was above the CCG and national averages of 48% and 50% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 area next to the reception desk or a private room to discuss their needs.

All of the 14 patient CQC comment cards we received 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.

We also spoke with four patients and two members of the patient participation group. 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 in line with averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 79% and a national average of 85%.
- 83% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 77% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.

- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 87% said the nurse was good at listening to them compared to the CCG average of 88% and national average of 91%.
- 91% said the nurse gave them enough time compared to the CCG average of 88% and national average of 92%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and national average of 97%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 93% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Are services caring?

- 86% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 85%.

Patients told us they felt that GPs and nurses involved them in their decisions about treatment. 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, but these were only in English.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs where patients had a carer, however they did not have an updated register of patients who were also acting as carers. There was no information in the waiting area to direct carers to the various avenues of support available to them but GPs told us that they assisted in arranging respite care and provided carers with local support group contact numbers when needed.

Staff told us that they did not have a formal policy in place to support families who had suffered a bereavement, however we observed information in the patient waiting area signposting patients to bereavement support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an awareness of 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, since July 2015 the practice hosted a healthy lifestyle advisory service once a week which assisted in health promotion for practice patients. In response to seasonal demand, the practice signed up to a local CCG initiative to provide a paediatric winter clinic three days per week to ensure that children had improved priority access to urgent appointments.

Services were tailored to the practice population:

- The practice offered an extended hours service on a Saturday morning with a female GP which were available for all patients including those of working age who could not attend during normal opening hours. This was in response to previous patient survey results.
- There were longer appointments available for vulnerable people including those with a learning disability.
- Home visits were available for older patients or patients who would benefit from these.
- Same day appointments were available for children, older people and those with serious medical conditions.
- The practice provided online access to book appointments, arrange repeat prescriptions and for a summary medical record.
- Appointments were available six months in advance if required which suited patients with long-term conditions.
- There were disabled facilities as the premises was purpose built and translation services were available. However the practice did not have a hearing loop installed.
- Treatment couches in consultation rooms were not adjustable but steps were provided. They were not accessible for all patients.
- Information in the waiting areas and on the website was only available in English.

- The practice provided primary medical services to patients from a local mental health care home. Patients attended the practice with their carers and were able to access longer appointments. Home visits were provided if required.
- The practice provided a diabetic clinic with a hospital diabetic nurse one morning, every two weeks.
- Over 75s health checks were offered annually.
- The practice registered patients at risk of hospital admission on their avoiding unplanned admissions registers so the most at risk patients could be monitored and reviewed.
- The practice offered joint baby and post-natal checks for mothers so this was more convenient for patients.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 9am to 11am every morning and 4.30pm to 6pm every afternoon. Extended hours surgeries were offered at between 10am and 12.30pm every Saturday. In addition to pre-bookable appointments that could be booked up to six months in advance, same day and emergency appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Most people told us on the day that they were able to get appointments when they needed them, however there was occasional difficulty accessing a female GP as appointments were only available on a Saturday morning. Patients also told us that appointments were often delayed when they attended the practice. Comments cards were aligned with these views.

Data showed that:

- 84% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 73%.
- 85% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 95% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 53% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 55% and a national average of 65%.
- 69% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 50% and a national average of 60%.

The practice also shared with us a 2014 CCG report for patient satisfaction with the extended hours service. For satisfaction with opening hours, the practice achieved 85% compared with 77% national average and for a good experience of making an appointment, the practice achieved 80% compared with national average of 75%.

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.
- We saw that information was available to advise patients how to make a complaint on the practice website and displayed in the waiting area but the complaints process was not clearly explained.
- The practice kept a record of any verbal complaints in a book in the reception area.

We looked at 10 complaints received in the last 12 months and saw that these were satisfactorily handled and dealt with in a timely way. Responses were open and transparent. The practice discussed complaints when needed at practice meetings, however it was not always clear if the actions from these were followed up and completed.

Are services well-led?

Requires improvement 

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had discussed plans for the future, which most staff were aware of, but these were not formalised in a robust strategy or supporting business plan.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the service and good quality care, however some governance arrangements were not fully established to enable the service to operate effectively.

- 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. Most policies were available in the reception area for staff to refer to although these were not always the most recently updated copy.
- The practice manager attended Clinical Commissioning Group (CCG) practice management forums and locality practice management meetings in order to ensure governance of the practice was in line with other practices.
- The partners attended the CCG meetings. There was an understanding of the performance of the practice from review of benchmarking data from the CCG and the practice's Quality and Outcomes Framework (QOF) achievements. However governance meetings between the partners were not routinely held and where performance and governance had been discussed, these meetings were not effectively used to improve the quality of the service. The practice did not identify named clinicians that led on areas such as QOF to assist with improving performance.
- The practice did not have a programme of continuous clinical and internal audit to monitor quality and to make improvements. Some audits had been carried out but these were one cycle audits.

- There were arrangements for identifying, recording and managing risks, incidents and complaints, however the practice did not have an effective system for ensuring that mitigating actions following incidents and complaints had been implemented.
- Some risks such as those relating to medical emergencies had not been assessed and managed adequately.

Leadership, openness and transparency

There was evidence of a dysfunctional relationship between the two partners in the practice, gained from speaking to staff and reviewing records of meeting minutes and significant events. As a result, this affected the ability of the practice to ensure that there was always effective communication and decision-making to deliver high quality care. However, staff told us that they felt supported by both the partners and the practice manager, that they were mostly approachable and took time to listen to all members of staff. Staff did not feel that any partnership conflict affected their ability to carry out their roles.

- Staff told us that the practice held regular monthly team meetings and we saw evidence that these occurred.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise issues regularly at team meetings. However from incident records and meeting minutes we viewed, there was evidence of disagreement between the partners about the incidents that were discussed, which hindered action taken to improve systems in the practice.
- All staff had received detailed annual appraisals and were provided with development opportunities.
- Staff were encouraged to complete incident forms and there was evidence that most staff were involved in this process to promote an open culture.
- Most staff said they felt respected, valued and supported, however there was disagreement between the partners about whether staff should be involved in discussions about how to run and develop the practice.

The provider was aware of and complied with the requirements of the Duty of Candour and had updated their complaints policy and significant incident policy to reflect this. When there were unexpected or unintended safety incidents including complaints:

Are services well-led?

Requires improvement 

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

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

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every six months. One of the partners and the practice manager attended these meetings, however it was not clear whether both partners were involved in the running of the PPG and were aware of the PPG feedback.
- The last PPG survey had been carried out in 2013/14 but most of the issues identified were related to the lack of space in the previous practice premises. The practice moved to a new premises in April 2015 which had resolved a number of the concerns raised in the survey. Due to the move, a survey had not been conducted in

the previous year. As a result of previous PPG feedback, the practice had recruited the female locum GP to ensure patients had access to both male and female doctors.

- The practice had also gathered feedback from staff through annual appraisals and during practice meetings.
- The practice was aware of the Clinical Commissioning Group (CCG) extended hours patient satisfaction data for 2014.
- NHS Friends and Family Test (FFT) data was gathered monthly and patients were able to complete this via the practice website.

Continuous improvement

There was evidence of some focus on learning and improvement within the practice.

The practice was involved in recruiting patients to a research study which was being conducted by a London hospital, in order to promote outcomes for patients. Appropriate patients with relevant symptoms of suspected lung and colorectal cancer were offered the opportunity to be involved in the study. Where patients consented to this, a specialist nurse involved in the study saw patients in the practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to mitigate risks to health and safety of service users as they did not have adequate systems in place for responding to emergencies, including mandatory training, equipment and required emergency medicines.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not have adequate systems and processes to improve the quality and safety of services. Governance systems to ensure that the outcomes of incidents, complaints and audits were acted on and monitored to drive improvements in the quality of the service were not effective.</p> <p>This was in breach of regulation 17(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>