

# Morden Hall Medical Centre

## 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?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

### Detailed findings from this inspection

Our inspection team	10
Background to Morden Hall Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Morden Hall Medical Centre on 5 November 2015. Overall the practice is rated as good.

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

- The practice operated an open and transparent approach to safety and had effective systems in place for reporting and recording significant events.
- Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with kindness and compassion, their privacy and dignity was respected and they were involved in their care and decisions about their treatment.
- Information about the services provided including how to complain was available and easy to understand.

- Patient's we spoke with had mixed experience of making an appointment with some finding it easy and others experiencing a wait. Urgent appointments were available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the partners and management.
- The practice sought feedback from patients and staff, 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:

- Develop systems to monitor the use of prescription pads.
- Ensure recruitment practice includes two written references being sought with gaps in employment explored.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and one of the GPs was the lead.
- Lessons were shared to make sure action was taken to improve safety within the practice.
- When there are unintended or unexpected safety incidents, people received reasonable support, were told about any actions to improve and received a verbal or written apology.
- The practice had clear policies, processes and practices in place to keep people safe and safeguarded from abuse, staff completed training and were clear about their responsibilities to report concerns.
- Risks to patients were assessed and well managed.
- While staff recruitment practices were in line with requirements records were kept in a number of different places making it difficult to ensure the required checks had been completed for all staff.

Good



### 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.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had access to appropriate training and all staff had an annual appraisal.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- While data showed that patients rated the practice lower than others for several aspects of care the practice was working with their Patient Participation Group and patients to improve the patient experience. Although this had not been reviewed, feedback we received indicated patients were experiencing improvements.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were usually involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to identify improvements and worked to make the required changes. Staff spoke a number of the languages of the local population.
- Patients reported mixed experiences of making appointments although feedback was indicating improvements, urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly and appropriately 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.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about this vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by the partners and managers. The practice had the required policies and procedures to govern activity and held regular governance meetings.
- There was a clear 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 knowing about notifiable safety incidents.
- The practice sought and responded to feedback from patients and staff. There was an active patient participation group who were involved in the practice development and felt listened to.

Good



# Summary of findings

- There was a strong focus on learning and improvement.

# 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.

- The practice provided a named GP for patients over 75 years of age.
- They offered proactive, personalised care to meet the needs of older patients.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- They provided a range of enhanced services including working with patients to prevent unplanned admissions.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- They worked with other health and social care professionals to provide joined up care.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed outcomes for patients with diabetes was in line with national averages.
- They provided longer appointments and home visits when needed.
- All these patients had a structured annual review to check that their care and treatment plans remained appropriate.
- They worked with other health and care professionals to deliver multidisciplinary care.
- They provided these patients with an alternative contact number to enable fast access to the practice.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. One of the GPs was the safeguarding lead.

Good



# Summary of findings

- Immunisation rates were in line or above local and national averages for all standard childhood immunisations.
- Data showed the rates for cervical smears were in line with national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors.

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

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

- The age profile of patients at the practice contains those of working age, students and the recently retired, services available were largely reflective of the needs of this group. The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice offered extended opening hours for appointments on Mondays from 6.30-9pm.
- The practice had recently launched a twitter feed in order to engage more effectively with this demographic.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- They offered longer appointments for people with a learning disability and 33% of these patients had received an annual review of their health needs so far this year. All had an annual review last year.
- One of the nurses completed additional training in how to meet the health needs of patients with learning disabilities.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults. 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.

Good



# Summary of findings

- They had access to telephone and on line translation services and staff spoke a number of the languages of the local population.
- The patient record identified if a patient was a carer and staff signposted to relevant local support services.

## **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).

- 78% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- One of the nurses was a dementia specialist nurse.
- Nationally reported data identified outcomes for patients experiencing poor mental health were above local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- They carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and a counselling service was provided at the practice.
- There were systems in place to follow up patients who had attended accident and emergency departments where they may have been experiencing poor mental health.
- Staff demonstrated a good understanding of how to support people with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

We spoke with nine patients and two members of the Patient Participation Group (PPG). We looked at results from the national GP patient survey for 2015. The practice used the NHS Friends and Family Test to seek patients' views on the service; 50 out of 60 responses, would recommend the practice to others because of their positive experiences.

The results from the 2015 national GP survey involved 328 surveys being sent out, with 119 returned giving a 36% completion rate. Responses showed:

- 48% of respondents would recommend this practice to someone new to the area compared to the local average of 71% and national average of 78%;
- 51% of respondents described their overall experience of the practice as good compared to the CCG and national averages of 79% and 85%;
- 30% found it easy to get through to this surgery by phone compared to the CCG average of 60% and a national average of 72%.
- 74% found the receptionists at this surgery helpful compared to the CCG average of 84%, and the national average of 87%.
- 67% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 87%.
- 80% said the last appointment they got was convenient compared to the CCG average of 88% and the national average 92%).

- 38% described their experience of making an appointment as good below the CCG average of 66% and national average of 73%.
- 21% usually waited 15 minutes or less after their appointment time to be seen, below the CCG average of 55% and national average of 65%).

The practice was working through an action plan to improve patient experience in response to these results which included non-clinical staff being trained to carry out additional administrative duties to give clinical staff more time to spend with patients and they had developed an administrative team to support the GPs with repeat prescribing. They had carried out their own surveys to improvements were having a positive impact on patients.

As part of our inspection we also asked for CQC comment cards to be completed two weeks before our inspection. We received 23 comment cards of which 22 were positive about the service, staff and the care and treatment provided. Patients reported that staff were helpful, caring, respectful, polite, friendly, kind and understanding. Patients felt confident about the care and treatment they received and said the doctors were professional and efficient. Patients told us the environment was always clean. Comments from patients we spoke reflected these positive comments regarding the way they were spoken with, the treatment they received, the time they had with the GPs and nurses and they confirmed that the environment was always clean.

# Morden Hall Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP Specialist Advisor, an Expert by Experience and two CQC inspectors. The Specialist Advisor and Expert by Experience were granted the same authority to enter registered persons' premises as the CQC inspectors.

## Background to Morden Hall Medical Centre

The practice operates from Morden Hall Medical Centre. They have similar to the local and national average number of children under 18 years of age and above local and national average numbers of people aged over 65 and in line or lower than local and national averages of people aged over 75 and 85 years. Fifty five per cent of patients have long-standing health conditions, which is in line with local and national averages. Fifteen per cent of patients have a caring responsibility, in line with local and national averages. Sixty per cent of patients are in paid work or full time education, which is below the local and in line with the national average. It is in the fourth least deprived area of England. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury, maternity and midwifery services, diagnostics and screening procedures, family planning services and surgical procedures.

The practice provides primary medical services through a Personal Medical Services (PMS) contract. A PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice provides a range of services including long-term condition management, services to support healthy lifestyles including smoking cessation, sexual health, weight loss and alcohol advice, family planning, travel clinic, and child and adult immunisations to 13,700 patients in the Morden area of Merton.

The practice is a member of Merton Clinical Commissioning Group (CCG) and is one of 25 practices. It comprises of five partner GPs (three male and two female), four female salaried GPs (equivalent to 3.6 full time posts), seven part time practice nurses and one part time health care assistant. There is a full time practice manager, office manager, a compliance officer, clinical auditor, part time project manager and 12 administrative and reception staff. The practice is a training practice for trainee GPs, a teaching practice for third year medical students and there is a nurse trainer.

The practice is open from 8.00am to 6.30pm Monday to Friday. Extended hours surgeries are provided between 6.30pm and 9.00pm on Monday.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by the locally agreed out-of-hours provider for the CCG.

## Why we carried out this inspection

This service was previously inspected in 2014 and as a consequence was not rated. We identified issues with staff recruitment practices and staff training in child protection which had been improved.

At 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

# Detailed findings

functions. This 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.

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

## How we carried out this inspection

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)

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 5 November 2015. During our visit we:

- Spoke with nine patients and one member of the Patient Participation Group.
- Spoke with a range of staff including six GPs, one nurse, the practice manager, office manager and eight administrative and reception staff.
- We observed staff interactions with patients in the reception area.
- We looked at the provider's policies and a range of records including staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits.
- We looked at how medicines were recorded and stored.
- Reviewed 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. One of the GPs was the lead for significant events.

- Staff told us they would inform the practice manager or office manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events which were shared with relevant staff at clinical and practice meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a recent significant event was initiated regarding prescribing of controlled drugs. We saw this was reviewed, discussed by clinical and administrative staff and an action plan completed to improve the process which included patients signing when they collected their prescription.

When there are unintended or unexpected safety incidents, people received reasonable support, were told about any actions the practice took to make improvements and they were given an opportunity to attend a meeting with partners and received an apology.

### 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 that reflected relevant legislation and local requirements. Policies outlined who to contact when there were concerns about patient welfare and these were available to all staff. There was a lead member of staff for safeguarding children and adults. Staff demonstrated they understood their responsibilities regarding safeguarding and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3 and reception and administrative staff to level 1 in child protection. GPs

said they sent reports to meetings and received copies of minutes, although there were often delays in receipt. All staff were due to complete updated safeguarding vulnerable adults training.

- A notice in consultation rooms informed patients that nurses or reception staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw all areas of the premises were clean and tidy. The practice employed contract cleaners, there was a cleaning schedule of areas to be cleaned daily, weekly and monthly although these were not signed when completed. We were told this would be recorded. The practice manager made regular, weekly, spot checks of the cleaning. One of the nurses was the infection control lead, they liaised with the local infection prevention teams to keep up to date with best practice. There were infection control policies and procedures in place and staff had received up to date training. Annual infection control audits were undertaken. The last one was in October 2015. We saw evidence that action was taken to address improvements identified with data sheets for cleaning materials used now in place. The sinks in consultation rooms did not meet current requirements because they did not have wall mounted taps and wall mounted liquid soap. The practice had developed an action plan and had applied for funding from NHS England to replace these. The practice carried out a legionella assessment with no issues raised.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use, however records were not kept of pad numbers. Patient Group Directions had been adopted by the practice to

## Are services safe?

allow nurses to administer medicines in line with legislation. The practice used Patient Specific Directions to allow Health Care Assistants to administer vaccinations.

- We reviewed three staff files and found that appropriate recruitment checks had been undertaken prior to employment, although the practice were moving towards electronic files which did not contain all the required information with further work required to complete this work. We saw proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, one file only contained one written reference. While records were maintained of interviews, they did not show gaps in employment were explored.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with information displayed for staff. The practice had an up to date fire risk assessment from June 2015 and carried out fire drills. The fire alarm was tested weekly and serviced by external contractors. Staff completed training in fire safety. Portable electrical appliances were last checked in September 2015. Clinical equipment was tested annually with the last check carried out in October 2015 when it was all working. Risk assessments were completed and kept under review.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet

patients' needs. Reception, administrative and clinical staff had arrangements to cover staff holidays and training to ensure there was no disruption to the services provided.

### Arrangements to deal with emergencies and major incidents

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

- There were panic alarms in consultation rooms and an instant messaging system on the computers in all the consultation and treatment rooms which alerted all staff to any emergency.
- All staff completed annual basic life support training and there were emergency medicines available in the consultation and treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure, fire or building damage. The plan included emergency contact numbers for contractors and staff a copy of this plan was available away from the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through regular discussions at clinical meetings, risk assessments and when they were informed of updates and changes.

### 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 97.3% of the total number of points available, with 9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were in line and better than the CCG and national average. For example, 79% had a blood pressure reading of 140/80mmHg or less compared to national figure of 77%, 95% had influenza immunisation in the last year compared to 93% nationally, 87% had a record of a foot examination compared to the national figure of 88% and 93% of newly diagnosed patients were offered a structured education programme to help them understand and manage their condition.
- The percentage of patients with hypertension having regular blood pressure tests was 81%, similar to the CCG and national averages.
- Performance for mental health related indicators were better than the CCG and national averages. For example

98% of 140 patients experiencing poor mental had a care plan that was reviewed, 92% had their blood pressure taken and 92% their alcohol consumption recorded

- The dementia diagnosis rate was 78%, 6% below the CCG and national average.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits conducted in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the second audit on atrial fibrillation showed the percentage of patients taking the appropriate medication had improved from 77% to 84%.
- The practice participated in applicable local audits, national benchmarking and was currently involved in a pilot for referrals.

Information about patients' outcomes was used to make improvements, for example they reviewed figures from QOF for patients with diabetes and used recall systems including text messages and telephone reminders to invite patients in for regular checks. Patients with two long term conditions were given a bypass telephone number to enable them fast access to 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 that covered confidentiality, fire, first aid, health and safety, an orientation to the building reporting incidents and safeguarding.
- The practice could demonstrate how they ensured clinical staff received role-specific training and updating for example those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing

# Are services effective?

## (for example, treatment is effective)

support, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors and nurses. All staff had had an appraisal within the last 12 months.

- Staff received training that included: basic life support, fire safety, infection control, safeguarding children and vulnerable adults, Mental Capacity Act and information governance. Staff had access to e-learning training modules and face to face in-house training.
- There was a stable staff team with low turnover, four of the previous GP trainees were now employed by the practice.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services and for patients receiving end of life care. There were systems in place for the out of hours provider to send information of patients seen.

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 treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that where care plans were used, they were reviewed and updated.

### Consent to care and treatment

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

- Clinical staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with The Children Acts 1989 and 2004.
- 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.
- Parental consent was sought before children were given immunisations.
- Systems were in place for written consent to be recorded before minor surgical procedures were carried out.

### Health promotion and prevention

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition, those with learning disabilities and experiencing poor mental health and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to relevant services.
- Podiatry and smoking cessation advice were available on the premises.

The practice's uptake for the cervical screening programme was 78%, which was comparable to local and national averages. 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 97% and five year olds from 76% to 97%, in line or above local and national averages. Flu vaccination rates for the over 65s were 66%, and at risk groups 47%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks, included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We saw that staff were courteous and very helpful to patients and treated people with dignity and respect.

- Disposable 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.
- The practice had an electronic sign in system which afforded privacy.

Twenty three of the 26 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 efficient, helpful, respectful, caring, kind and polite. They said staff treated them with dignity and respect. We also spoke with 9 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, that they were provided with sufficient time during consultation and that the doctors involved them in decisions around their care.

We also spoke with one member 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.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey published on 2 July 2015 which contained 119 responses of the 328 survey forms distributed (a response rate of 36%). The data captured was from the period July to September 2014 and January to March 2015.

The evidence from all these sources showed that the practice was rated lower than both the CCG and national averages.

- 76% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.

- 65% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 71% 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%.
- 85% said the last nurse they spoke to was good at treating them with care and concern, in line with the CCG average of 87% and below the national average of 90%.
- 74% said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice informed us that in response to patient feedback they had undertaken work to address the areas of concern highlighted in the GP survey. They had engaged with patients and encouraged them to provide feedback on NHS choices and had promoted the use of the NHS Friends and Family Test on their website as well as encouraged patients to provide feedback during and after consultations.

The practice had an average rating of four stars on NHS choices from 95 patient responses. The majority of responses cite both clinical and reception staff as being caring and compassionate. Ratings had improved significantly since 2014 with most patients now giving the service four or five stars. The practice had a policy of responding to every comment received on NHS choices. This had created an effective dialogue between the surgery and the patient population allowing the surgery to address concerns, provide additional information and advice and communicate improvements to services.

As part of the practice's change initiative, which focused on the improvement of the patient experience, non-clinical staff had been trained to take over time consuming administrative tasks with a view to freeing up clinical resource and addressing patient concerns around the time that they are given in clinical consultations. For instance there is now a dedicated administrative repeat prescribing team.

Much of the negative patient feedback related to the length of time patients were kept in the waiting area before their



## Are services caring?

appointment. As a result the practice was undertaking an audit to analyse the types of patients or presentations that may not require an appointment, with the aim of reducing the number of unnecessary face to face appointments by identifying patients who could be dealt with more appropriately by telephone consultation.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk. The practice had designated a privacy area in front of the reception. Patients queuing to speak with reception staff were observed standing behind this area which was far enough back from the reception desk that patient confidentiality could be maintained. We were unable to hear reception staff discussing any confidential patient information at any point during our visit. Reception staff informed us that they would be able to take patients into a private room if they did not want to discuss confidential matters at the reception desk. Notices were found in reception which publicised this service. The information from the GP patient survey shows that 74.4% of patients found the receptionist staff helpful compared to the CCG average of 83.9% and national average of 86.8%.

The practice had responded to this feedback by introducing a new working model into the reception and the administrative team with the aim of improving patient care. Weekly team meetings had been introduced to review any complaints and feedback that had been received and agree actions to improve. The team had been restructured to make reception more efficient in relation to call handling and triage. Reception staff told us that there was an upcoming meeting planned to review the impact of these changes. The impact of these initiatives were reflected in the CQC patient comment cards received with six singling out reception staff for praise.

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

The patient survey information we reviewed showed patients rated the practice lower than CCG and national averages in respect of questions about patient involvement in planning and making decisions about their care and treatment. For example:

- 68% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 64% 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%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views. Again there was evidence that the whole practice team were actively engaged in implementing a new model of working which addressed the concerns of the patients and we felt that these efforts were reflected in the comments from NHS choices, the comment cards that were completed and the feedback we received from patients on the day of our visit.

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.

### Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed detailed responses from patients about the emotional support provided by the practice and rated it well in this area. For example:

- 71% 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%.
- 85% 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%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

## Are services caring?

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.

Staff told us that if families had suffered a bereavement, their usual GP contacted them and signposted to support services if required.

The practice acknowledged that more needed to be done in terms of improving the service they provided to patients.

Despite the GP survey results being lower than the CCG and national average for most of the areas covered, the data we obtained when visiting the surgery and the comments from NHS choices were at least comparable in terms of the number of respondents. Additionally the NHS choices data together with the patient feedback was generally more positive, confirming improvements had been made to customer service which had improved patient satisfaction.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, following the building of a large mosque nearby which served a religious community. The Practice had actively recruited Urdu speakers to certain roles, which it reported has significantly improved the quality of consultations that GPs are able to provide to these patients.

The practice made good use of technology. It had a well-developed website, which provided information about the practice and included a patient feedback section. They also had a practice Twitter account, which they used to "tweet" about subjects including health promotion events at the Practice for example the upcoming flu clinics and links to information about national health promotion initiatives such as "Stoptober" (a national smoking cessation event). Useful local information was also "tweeted", for example, regarding travel disruption affecting routes to the practice.

The practice used a text message facility to provide appointment reminders and send targeted messages to increase uptake in patients attending screening and health promotion initiatives. For example, text messages were used to contact all patients registered as smokers to invite them to a smoking cessation appointment with the nurse. The Practice showed us statistics which demonstrated that following the text messages being sent, an additional 63 patients received smoking cessation advice, which increased the proportion of smokers receiving advice from the Practice from 85% to 88%.

- The practice offered a 'Commuter's Clinic' on a Monday evening from 6.30pm until 9.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability. GPs also explained that they had a principle of allowing patients as much time as required during consultations in order to ensure that they felt listened-to.
- Home visits were available for older patients / patients who would benefit from these.

- Same day appointments were available for children and those with serious medical conditions. Requests for appointments for children under 12 months would bypass the triage system and be automatically booked.
- The practice had a number of asylum seekers registered as patients. They also had several patients registered who had been removed from other practices as a result of unacceptable behaviour.
- There were disabled facilities, a hearing loop and translation services available and several of the staff were bi-lingual.
- There was an established Patient Participation Group (PPG). The practice were in the process of contacting patients who had provided their contact details as part of a patient feedback project, to invite them to become involved in the PPG. They were particularly targeting specific groups in order to make the PPG representative of the patient community. They had made progress with recruiting one working aged patient and were liaising with the local religious organisation to identify a representative from the community.

### Access to the service

The practice was open between 8am to 6:30pm Monday to Friday and appointments were available throughout this time apart from between 1pm and 2pm on Mondays when it was closed for staff training. They provided expedited hours appointments on a Monday from 6.30pm to 9.00pm (10 appointments were provided with a GP, a nurse and a nurse practitioner). In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people who needed them.

Aggregated results from the national GP patient survey for July-September 2014 and January-March 2015 showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages.

- 48% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 30% patients said they could get through easily to the surgery by phone (CCG average 60%, national average 73%).
- 38% patients described their experience of making an appointment as good (CCG average 66%, national average 73%).

# Are services responsive to people's needs?

(for example, to feedback?)

- 21% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55%, national average 65%).

The practice recruited a compliance officer in March 2015 as a result of patient feedback, to develop systems to collect and act upon patient feedback. The practice's own patient feedback campaign highlighted problems with their appointments system, and they changed the appointment process, including introducing online booking, changing their telephone message, introducing a "bypass phone" for vulnerable people to allow them to get straight through to the practice, and introducing text message appointment reminders. They had also introduced a telephone consultation and triage service for non-urgent queries and had commenced an audit of patient consultations to determine those that would be best dealt with by alternative means; for instance telephone discussion with may reduce the need for an appointment and thus reduce wait times. As a result of these changes, increased satisfaction with the service has been reported both via the practice's own patient feedback, and on NHS choices. The PPG noted improvements in the appointment system and continued to work with the practice to improve patient feedback.

## 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 with one of the GP partners and all partners were informed when a complaint was received.
- We saw that information was available to help patients understand the complaints system. This included information in the practice information leaflet, a practice complaints leaflet, and information about making a complaint on their website. There was a poster displayed in the waiting room about how to make a complaint, however, this was not displayed in a prominent place. This was highlighted to the practice on the day of the inspection and they undertook to reposition it immediately.

We looked at the practice's complaints log dating back to March 2015, which contained information about 20 complaints, and looked in detail at three complaints. We found that complaints were thoroughly investigated and dealt with in a timely way, and that patients were given information about the outcome of the complaint investigation, and, where appropriate, an apology.

Learning from complaints was shared with staff in both a quarterly complaints meeting, and during weekly staff meetings. We saw evidence of lessons being learnt from complaints, and of action being taken as a result. For example, a complaint was received regarding test results being lost by the practice. As a result, a pathology handling procedure was introduced and shared with staff, and training was provided to staff on the new procedure. We were shown evidence that the complaint was also recorded as a significant event.

# 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 provide cradle to grave care for all patients that is safe, effective and accessible.

- Staff knew and understood the vision and worked with the partners to provide care and treatment in line with the vision.
- The practice had developed a strategy and supporting business plans which reflected the vision and values and included planning for the future.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy, the provision of good quality care and ensured the practice kept up with the changing needs of the population. The structures and procedures in place and ensured that:

- There was a clear staffing structure and all staff were aware of their roles and responsibilities.
- Policies were developed, implemented and reviewed and these were available to all staff.
- Staff had a clear understanding of the performance of the practice and made improvements when required.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were systems and arrangements for identifying, recording and managing risks and responding to issues.

### Leadership, openness and transparency

The partners in the practice had the experience and capability to run the practice and ensure the provision of high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always had time to listen to them.

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 to deal with safety notifications.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They responded to complaints in line with their policy which included giving an apology.

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

- There were lead members of staff for different areas of the practice operation.
- Staff told us that the practice held regular practice and staff meetings.
- Staff told us that there was an open culture within the practice and they had opportunities to raise issues at team meetings and they felt confident in doing so.
- Staff said they felt respected, valued and supported by the partners. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all staff to make suggestions and identify opportunities to improve the services delivered by the practice.

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

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

- They gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. There was an active PPG which met every six weeks who submitted proposals for improvements to the practice management team. For example, the practice started to use text messaging to remind patients about upcoming appointments and made changes to the telephone system following patient feedback.
- The practice gathered feedback from staff through a range of staff and practice meetings and discussions. Staff told us they felt confident to give feedback and discuss concerns or issues with the partners and management.

### Continuous improvement

## Are services well-led?

Good 

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

The practice team was forward thinking and took part in local pilots and initiatives to improve services for patients.