Twickenham Park Surgery - Johal

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?	Requires improvement
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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Twickenham Park Surgery on 20 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events; however, in some instances the member of staff involved in the incident was not fully involved in the investigation. There was also a lack of evidence in some cases of lessons learned from significant events being shared.
- Risks to patients were assessed and well managed, with the exception of those relating to the administration of medicines; the practice did not have a clear system to ensure that the correct documentation was in place to allow staff to administer medicines, and the documentation that we viewed did not contain sufficient detail to ensure that medicines were safely administered.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Processes were in place to ensure that staff received medicines updates and safety alerts; however, the assessment of whether these alerts related to general practice and needed to be sent to staff was made by a junior member of staff; and therefore, there was a risk that relevant information could be inadvertently overlooked.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients could request a chaperone, and language translation services were available; however, these were not advertised in the waiting area.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns; however, the practice did not record verbal complaints.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Emergency equipment and medicines were available; however, these could be difficult to access quickly in an emergency.
- The practice had an overarching governance framework which supported the delivery of good quality care. Practice specific policies were implemented, with the exception of those relating to pre-recruitment checks and training for staff who acted as chaperones.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- They must ensure that the correct legal documentation is in place to allow staff to administer medicines, and that all relevant staff are aware of the process and their responsibilities in relation to this.

In addition, the provider should make improvement in the following areas:

- They should consider putting information in the waiting area about the availability of chaperones and interpreters.
- They should ensure that staff acting as chaperones have received appropriate training, in line with their chaperone policy.
- They should review their recruitment policy to ensure that it accurately reflects the practice's decision regarding the requirement for staff to receive Disclosure and Barring Service (DBS) checks.
- They should review the storage arrangements for their emergency medicines to ensure that they can be quickly accessed in an emergency.
- They should review their system for distributing medicines updates to ensure that it is robust.
- They should ensure that they record details of discussions regarding complaints.
- They should ensure that relevant staff are involved in the investigation of significant events, and that the learning resulting from these incidents is shared and embedded.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events; however, investigations into these incidents did not always fully involve the members of staff concerned.
- Lessons were shared to make sure action was taken to improve safety in the practice; however, this was not always documented in the record of the significant event, and minutes of meetings where significant events were discussed were not always sufficiently detailed to allow a member of staff who had not been present at the meeting to understand the learning points.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of those relating to the administration of medicines, and the background checking of new staff.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated short-term quality improvement; however, it was not always clear whether long-term improvements had been identified and embedded.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was part of the Richmond GP Partnership Alliance, and had hosted the CCG's seven-day opening hub.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. We were told that learning from complaints was shared with staff; however, the practice was unable to provide minutes of any meetings where complaints had been discussed.

Are services well-led?

Good

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice used the electronic prescribing system to arrange for patients to collect their repeat prescriptions directly from their local pharmacy.
- A hearing loop was available in the practice for patients who used hearing aids.
- The practice actively invited elderly patients to attend for annual flu and shingles vaccinations.
- The practice worked with the local Community Independent Living Service to support older people to live independently.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above the CCG and national average. The practice achieved 100% of the total QOF points available, compared with an average of 90% locally and 89% nationally.
- The practice provided blood testing for patients with high blood pressure to allow them to be prescribed the medicine they needed without having to attend hospital.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 85% of women registered at the practice aged 25-64, which was comparable to the CCG average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a dedicated baby clinic, and arranged appointments so that post-natal check-ups for mothers were carried-out at the same time as their baby's immunisations were given.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours appointments were available on one evening per week.
- The practice was proactive in offering online services. Patients could also contact the practice by email and make appointments using a telephone booking system.
- A full range of health promotion and screening that reflected the needs for this age group was available, including family planning and travel immunisations.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice had 59 patients diagnosed with dementia and 85% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and national average of 84%.
- The practice had 34 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 94% of these patients, compared to a CCG average of 94% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fifty nine survey forms were distributed and 112 were returned. This represented approximately 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients commented that they felt well cared for by all staff at the practice and that they were treated as individuals.

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

Twickenham Park Surgery - Johal

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 adviser and an Expert by Experience.

Background to Twickenham Park Surgery - Johal

Twickenham Park Surgery provides primary medical services in St Margaret's to approximately 7,500 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG). They are a teaching practice for medical students and GP registrars.

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 4%, which is lower than the CCG average of 9%, and for older people the practice value is 9%, which is lower than the CCG average of 11%. The practice has a smaller proportion of patients aged 15 to 29 than the CCG average and a higher than average proportion of patients aged between 30 and 49. Of patients registered with the practice, the largest group by ethnicity are white (89%), followed by asian (6%), mixed (3%), and other non-white ethnic groups (2%).

The practice operates from a two-storey purpose-built premises. There is no patient car parking at the practice; parking is available in the surrounding areas but this is time-limited. The reception desk, waiting area, and most of the consultation rooms are situated on the ground floor.

The first floor contains further consultation rooms, a library and a meeting room. There is a lift between the ground and first floors. The practice has access to ten consultation rooms and one treatment room.

The practice team at the surgery is made up of two part time male GPs, one full time female GP and one part time female GP who are partners, in addition, one male long-term locum GP is employed by the practice, and two GP registrars. In total 14 GP sessions are available per week. The practice also employs one part time female nurse, one part time assistant practitioner in primary care (an enhanced healthcare assistant role), and one trainee healthcare assistant. The clinical team are supported by a practice manager, assistant practice manager, five receptionists and one secretary.

The practice operates under a General Medical Services (GMS) 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 is open between 8:15am and 6:00pm Monday to Friday. Appointments are from 8:30am to 1:00pm every morning, and 2:00pm to 6pm every afternoon. Extended hours surgeries are offered between 6:00pm and 7:30pm on Mondays.

When the practice is closed patients are directed to contact the local out of hours service.

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; treatment of disease; and family planning.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 September 2016. During our visit we:

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events; however, the members of staff involved in the incident were not always fully involved in the investigation. We were told that details of significant events were discussed in practice meetings so that the lessons learned could be shared; however, details of these discussions were not always documented as part of the significant event record, and the details recorded in the minutes of practice meetings were not always sufficient to allow lessons to be shared with a member of staff who had not attended the meeting.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed details of a significant event where there had been a mix-up in patient records and the incorrect patient had been referred to hospital. The record of this incident showed that the member of staff concerned was made aware of the error, that the process for hospital referrals was discussed in a clinical meeting, and that the patients concerned were contacted in order for the practice to apologise and ensure that the correct patient received a referral.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 2.
- A notice in the consultation rooms advised patients that chaperones were available if required; however, there was no notice advertising this service in the waiting area. The practice's chaperone policy stated that all staff who acted as chaperones should be trained for the role; however, we saw no evidence that chaperone training had been provided. The practice's chaperone policy did not specifically state that all staff acting as chaperones should have received a Disclosure and Barring Service (DBS) check; however, the practice's recruitment policy stated that all staff should receive a DBS check prior to employment and all staff who acted as chaperones had received a DBS check, either at the practice or at a previous employment, within the past three years.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Overall, the arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal); however, we found that the arrangements in

place to allow the assistant practitioner in primary care (APPC) to administer medicines were insufficient. There was uncertainty amongst staff about the process for authorising the APPC to administer medicines, and their obligations in relation to it. The example patient specific prescription or direction (PSD) that we viewed on the day of the inspection was insufficient, as it did not include details of the medicine to be administered, the dose, or the route of administration. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. The practice's recruitment policy stated that all staff should receive a Disclosure and Barring Service (DBS) check prior to employment; however, we found that in some cases new members of staff had started working at the practice without a DBS check having been completed. We were informed that the practice had decided that for non-clinical staff they would accept a DBS check from a previous employer if it had been completed within the past three years, but this was not included in their recruitment policy and we saw no evidence that a formal risk assessment of this decision had been completed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely; however, we noted that the security arrangements for the storage of these medicines could result in difficulty accessing them quickly in an emergency.

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.

Good

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; however, these were not always robust. We were told that medicines updates and alerts were received by the assistant practitioner in primary care (APPC) via email, and that she assessed whether the update was relevant to general practice. If it was, she would then forward the email to relevant staff. The APPC explained that she kept a log of the alerts that she had forwarded, and we saw examples of these from previous years (the current year's log was not available due to IT problems). We were told that relevant alerts were discussed in clinical meetings; however, the practice was unable to find an example of this. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared to a CCG average of 94% and national average of 95%; the practice had an exception rate of 6% compared to 7% locally and 9% nationally. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Overall performance for diabetes related indicators were above the CCG and national averages. The practice achieved 100% of the total QOF points available, compared with an average of 90% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 84%, which was above the CCG average of 80% and national average of 78%; the proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 85%, compared to a CCG and national average of 78%; and the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 99% (CCG average 91% and national average 88%), and for this indicator the practice's exception reporting rate was 2% compared to a local average of 7% and national average of 8%.
- The practice had 59 patients diagnosed with dementia and 85% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and national average of 84%. They also had 34 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 94% of these patients, compared to a CCG average of 94% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits carried out in the last two years, two of these were completed two-cycle audits.
- Findings were used by the practice to improve services in the short term; however, in some cases, there was limited evidence that the results of audits were used to effect ongoing improvement. For example, the practice had conducted and audit aimed at identifying patients with dementia and ensuring that these patients had received an annual review and care plan. Following the initial audit, the results were discussed at a clinical meeting, and staff were asked to be more vigilant at flagging and screening patients and ensuring that their notes were correctly coded. The follow-up audit documented an increase in the practice's prevalence of patients with dementia and improvement in the proportion who had a care plan documented in their

Good

Are services effective?

(for example, treatment is effective)

notes. Whilst this audit showed a short-term improvement in results, there was no evidence of any systemic changes to the process of identifying and supporting patients with dementia.
- The practice participated in local audits and national benchmarking.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as those reviewing patients with long-term conditions. Nursing staff had received regular training on wound care, sexual health and the management of patients taking anti-coagulation medicines.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice held a register of patients who were at risk of developing diabetes and worked with them to modify their lifestyle.
- The healthcare assistant provided smoking cessation advice.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 84% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to

Good

Are services effective?

(for example, treatment is effective)

ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; however, their uptake for breast cancer screening was below the CCG average (56% compared to a CCG average of 65% and nation average of 72%). Their uptake for bowel cancer screening was 57%, which was comparable to the CCG average of 56% and national average of 58%.

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 78% to 97% and five year olds from 81% to 97%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 32 patient Care Quality Commission 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. Comment cards highlighted that staff responded compassionately when patients 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 80% of patients 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%.

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

- Staff told us that translation services were available for patients who did not have English as a first language; however, there was no information about this service displayed in the waiting area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients as carers (approximately 1% of the practice list), and referred these patients to a local service for support.

Good

Are services caring?

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of the Richmond GP Partnership Alliance, and had until recently hosted the CCG's seven-day opening hub.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7:30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever centre.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8:15am and 6:00pm Monday to Friday. Appointments were from 8:30am to 1:00pm every morning, and 2:00pm to 6pm every afternoon. Extended hours surgeries were offered between 6:00pm and 7:30pm on Mondays. In addition to pre-bookable appointments, which were 15 minute appointments and could be booked up to two weeks in advance, urgent appointments, which were 10 minute appointments, were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher in some cases than local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 73%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

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

The practice had a system in place to assess:

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

Requests for home visits were noted by the receptionist and passed to the duty doctor, who would contact the patient by telephone to assess their level of need and decide whether a home visit was appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns; however, they did not keep a record of verbal complaints.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, the practice had a complaints leaflet and information displayed in the waiting area.

The practice had received nine complaints in the past year, and we looked at three in detail and found that they were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We were told that complaints were discussed in practice meetings; however, the practice was unable to provide the minutes of any meetings where these discussions had taken place.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had identified ways in which they wanted to develop, for example, by further expanding their building with a view to accommodating secondary care services; however, these ideas had not been formulated into a structured strategy or business plan.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements; however, it was not always clear whether audits had prompted any long-term improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions except for patient specific directions

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records written correspondence; however, records were not always kept of verbal interactions. For example, verbal complaints were not recorded on the practice's complaints log.

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

- Staff told us the practice held regular team meetings; however, some staff said that they would value more frequent whole practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, frequently interviewed patients in the waiting area and submitted proposals for improvements to the practice management team. For example, as a result of their interviews with patients, the PPG had become aware that patients were unclear about the process for referrals to hospital. The PPG discussed this with the practice, and as a result they produced a flow chart, which mapped the process. In discussing this issue, the PPG were made aware that there was no process for tracking referrals once they had been made, and GPs

Are services well-led?

Good

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

had no way of checking that patients had been offered an appointment and that appointments were attended. At the time of the inspection, the PPG was in the process of pursing this with the CCG's patient group, with a view to a tracking system being introduced.

- The practice had gathered feedback from staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, nursing staff had raised with the practice that they felt that additional nursing resource was needed, particularly to cover holiday periods. In response to this, the practice began to train one of their receptionists as a healthcare assistant. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they had been one of the first practices in the locality to trial offering telephone consultations.

The practice was committed to providing opportunities to develop its staff and to provide learning opportunities for students. For example, they had provided the opportunity for their healthcare assistant to complete an enhanced qualification to qualify as an assistant practitioner in primary care. They had also provided training to support one of their receptionists to become a healthcare assistant, and several of their administrative staff had been given opportunities to progress. The practice also provided training placements for medical students and had supported the practice nurse to achieve a qualification in mentoring to allow her to provide training to student nurses.

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had failed to ensure that the necessary documentation was in place for the administering of medicines. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.