

# Well Court Practice

## Quality Report

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Date of inspection visit: 27 July 2016  
Date of publication: 02/03/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Well Court Practice on 27 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should ensure that any fire escape doors are fully accessible for emergency evacuation.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice should ensure that any fire escape doors are fully accessible for emergency evacuation, any fire exit doors with locks should remain open whilst the building is occupied.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey in January 2016 showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- 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?

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 (CCG) to secure improvements to services where these were identified. An example of this was when the practice worked in conjunction with their CCG and neighbouring practices to run a diabetes education day for patients on the 25 June 2016. In conjunction with their PPG they recently highlighted the long waiting time for the podiatry service with the CCG.
- Patients we spoke to 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health checks for patients aged over 75.
- The practice contacted all patients after their discharge from hospital to address any concerns and to assess if the patient required any GP involvement at that time.
- The practice referred older people to other services in order to more effectively meet their needs, for example the falls prevention service.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information in the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 82% which was comparable to the CCG average of 81% and national average of 84%.
- 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.
- Diabetic patients are signposted to appropriate support services, for example the livewell service and the Desmond programme for patients newly diagnosed with diabetes to support them with diet and lifestyle information and required changes.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice uptake for the cervical screening programme was 70% which was comparable with the CCG average of 71% and the national average of 74%. The practice had a policy to offer telephone reminders for patients who did not attend for their cervical screening tests. Patient notes recorded those who had a cervical screening test in the preceding 5 years was 85% compared to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- We saw that the practice offered chlamydia screening for patients and the promotion of sexual health when relevant.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in the last 30 months was 60%; this was slightly higher than the CCG average of 56% and the national average of 58%. The practice uptake for female patients screened for breast cancer in the last 36 months was 76%, which was higher than the CCG average of 66% and comparable with the national average of 72%.
- The practice proactively used the HbA1c criteria to identify patients at risk of diabetes as a preventative tool.

# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice computer system alerted staff to vulnerable patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients, although they should look at strategies to improve attendance by other professionals at multidisciplinary meetings which at times were poorly attended.
- 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.
- The practice were able to signpost young people under 18, or a family member/carer concerned about substance misuse in a young person, to Switch; a local drug and alcohol service for further advice and support.

## People experiencing poor mental health (including people with dementia)

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

Good



- All 12 patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 81% and the national average of 84%.
- All 15 patients with schizophrenia, bipolar affective disorder and other psychoses have had a comprehensive, agreed care plan documented in the record, in the last 12 months which was better than the CCG average of 87% and the 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.



# Summary of findings

- 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 January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and forty four survey forms were distributed and 90 were returned. This represented a response rate for the practice of 37% compared to the national rate of 38% and 4% of the patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.

- 85% 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 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards which were all very positive about the standard of care received. Patients reported that the service was excellent and they could always get an appointment when required, according to need. They told us staff were always friendly, helpful and polite and treated people with respect and dignity. Doctors were professional, caring, listen and were responsive to patients needs.

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

# Well Court Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Well Court Practice

Well Court Practice, is an established GP practice situated within the London Borough of Sutton and NHS Sutton Clinical Commissioning Group (CCG).

The practice provides primary medical services to approximately 2200 patients living within its catchment area in North Cheam, Sutton. The practice holds a Personal Medical Services (PMS) Contract and is a teaching practice with regular medical student teaching, affiliated with several London medical schools. The practice is located at 6 Well Court, Sutton, SM3 9BX and is served with relatively good transport links by bus and rail services. The nearest station is West Sutton and the surgery is accessible by bus route 413. The building comprises of two adjoining maisonettes which have been converted into a single premises. The practice has four clinical rooms with all the consulting rooms being on the ground floor, which provide disabled access, together with the reception waiting area and two toilets which also provide disabled access. There is a ramp at the front of the practice which provides step free and wheelchair access to the entrance of the building, reception and waiting area. There is restricted parking on site for general use and disabled patients. An induction loop system is available for deaf and hearing impaired people who use the service.

The practice population, although ethnically diverse, is predominantly white English 74% with those from Asian backgrounds, mostly Tamil, accounting for approximately 13% of the community. The area has no significant deprivation with an Indices of Multiple Deprivation (IMD) score of 10 (least deprived decile). The demographics appear to show nothing of any particular significance with the population group being reflective of both the CCG and National average across the population groups. The percentage of patients with a long standing health condition appears slightly lower but generally comparable to both the CCG and national average.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic & screening procedures, treatment of disease disorder or Injury and maternity & midwifery services. Some directed enhanced services are also provided at this practice which includes extended hours, facilitating timely diagnosis and support for people with dementia and influenza and pneumococcal immunisations.

The practice team comprises of one male and one female partner GP's, one part time salaried GP, and one locum GP providing three hours per week. The partners provide six clinical sessions and share on call duties between them, with the salaried GP providing a further four clinical sessions. They are supported by two part time practice nurses, one full time practice manager, one part time administrative manager and four part time reception/administration staff.

The opening hours are Monday to Friday, 8am to 6.30pm. There is an extended clinic provided on a Wednesday & Friday 6.30pm to 7pm (for pre booked and emergency appointments).

Out-of-hours services are communicated by calling the practice when it is closed, calls are signposted to the out of hours or by calling 111. There are two walk in centres to

# Detailed findings

support patients when the practice is closed, which are approximately within a one to three mile radius of the surgery. Information is provided on the practice telephone line, the website and on the practice notice board.

The practice provides a full range of general medical services including chronic disease management, minor surgery, GP triage and NHS health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, shared antenatal care, contraception (including intrauterine device (IUD) fitting) and family planning.

## 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 27 July 2016. During our visit we:

- Spoke with a range of staff which included GP's, the practice nurse, practice manager, administrative manager and reception/admin staff. We also spoke with patients who used the service and two members of the PPG.

- 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.

# 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 a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. One example was when a patient fell over a pot hole outside the practice and this was brought to the attention of the practice. The practice informed NHS England and Sutton CCG, held a meeting and the partners put an action plan in place. The provider hired a contractor and the tarmac area at the front of the practice was resurfaced within two weeks of the incident. The patient and their carers were invited back to review the action taken and were satisfied with the speed of response and the final outcome.

### 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 were trained to child safeguarding level 3 and also had training in respect of safeguarding vulnerable adults. Nursing staff were trained to child safeguarding level 2 as well as training in respect of safeguarding vulnerable adults. Non clinical staff were trained to child safeguarding level 1 as well as completing safeguarding vulnerable adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken or in the process of being taken, to address any improvements identified as a result.
- 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). 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

## Are services safe?

legislation. (PGDs are written instructions for the supply or administration of medicines to a group of patients who may not be individually identified before presentation for treatment).

- The practice held stock of only one controlled drug (a medicine that requires extra checks and special storage because of its potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks which had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we noted there was scope to improve record keeping as not all the relevant information was stored in individual files, although evidence was validated during the course of the inspection.

### 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 on display which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, however it was noted that one exit identified as a fire exit was able to be locked by a key. Although all staff knew of the location of the key adjacent to the door, this should be reviewed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk

assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- We saw that although the practice had a defibrillator, there was only adult pads available and none for children, however the practice took immediate action to purchase pads for children.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, which was slightly higher than the CCG average of 94% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators for the practice was 82% which was similar to the CCG average of 81% and national average of 84%.
- Performance for mental health related indicators for the practice was 98% which was better than the CCG and national average of 87%.

QOF results were significantly better for the practice in relation to mental health indicators and also maintenance of blood pressure targets than the CCG and national averages.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits carried out in the last two years, all of these were completed audits where the improvements made were implemented and monitored. The findings were used by the practice to

improve services. For example, recent action taken as a result of a medication review of patients over 75, who were on four or more medications was discussed with clinicians and agreement made to progress six monthly reviews for this patient group to improve patient outcomes. In addition an initial audit in 2014 of nasal flu vaccine uptake in children aged 2 to 4 years at the practice showed that the practice take up rate was 48.6%. Research suggested that 48% of parents were unaware of this immunisation programme. As a consequence and to improve outcomes further for this population group, a campaign to inform and educate parents, healthcare professionals and others was agreed. This resulted in a letter being sent to all parents/guardians to inform of the benefits of nasal flu vaccination, a poster campaign and information leaflets were made available within the main reception and consultation rooms. A presentation was made to the staff team to inform them about the benefits of the vaccine to enable them to inform and educate parents. A reaudit was conducted in 2015 and showed that following the campaign the overall vaccination rate increased to 64.5%.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions (LTC's). The nurse told us they kept up to date through reading articles/guidelines, research and attending locality practice nurse meetings as part of her continuous professional development and was supported by the practice by the use of protected time.
- 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



# Are services effective?

## (for example, treatment is effective)

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 were scheduled to take 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, mental health conditions and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 85% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders and follow up letters for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received from 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.

Childhood immunisation rates for the vaccinations given were generally comparable to or higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 68% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



# Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 50 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.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 97% 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 slightly better or in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- Information leaflets were available in easy read format and in large print for patients for patients who required them.
- Home visits were available for those who could not attend the practice, due to age, frailty or disability.
- The GP's and two receptionists speak Tamil and communicated with Tamil patients in their own language to promote better engagement and health management with this group.
- When young people attended the practice they were advised on contraception and sexual health to raise awareness on sexually transmitted diseases, in addition to smoking cessation and alcohol consumption as required.

### **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.

The practice's computer system alerted GPs if a patient was also a carer and had plans in place to proactively invited carers for annual health checks to support carers and those they cared for. The practice had identified patients as carers and had arranged for the wellbeing service of Sutton Uplift to run a regular monthly session in the surgery starting in September. The service aimed to support carers and patients to learn to relax and cope with stress, access health and support services and to access learning opportunities or activities that may help to keep them emotionally and physically well. Written information was also available to direct carers to the various avenues of support available to them. Both carers and patients were also able to access support from a London Borough of Sutton social worker who runs a clinic from the practice every two months.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, improvement in diabetes screening, pre diabetes checks and improvements to the podiatry service.

- The practice offered extended hours on a Wednesday and Friday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and annual health checks are offered. The practice also maintained contact with their designated learning disabilities nurse for support and advice and were actively engaged in a learning disability project with Sutton council.
- 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.
- The practice was accessible to patients with mobility issues and those who used a wheelchair, a hearing loop and translation services was available.
- The practice liaised with mental health link workers and other professionals to aid the management of those with mental health needs and those with chronic illnesses.
- The practice had developed a hospice liaison service which was facilitated by a member of the Patient Participation Group.
- Proactive checks were offered to patients over 75 which aimed to identify patients with physical, psychological and social issues. Identified patients were referred to suitable services and managed appropriately, for example the falls prevention clinic.
- Young people aged over 15 who were sexually active were encouraged to participate in chlamydia screening.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11am every morning and 4.20pm to 6pm daily. Extended hours appointments were offered at the following times on a Wednesday and Friday 6.30pm to 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly better than the CCG and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

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

The practice had a system in place to assess:

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

Comprehensive information was available to patients about appointments within the practice and on the practice website. This included how to arrange routine, urgent, same day appointments and home visits. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed and how to utilise the out of hours services such as 111 and the local walk-in centres. 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 and telephone consultations. We saw that patients were satisfied with the appointments system. They confirmed that they could generally see a GP on the same day if they needed to and could see another GP if there was a wait to see the GP of their choice. Comments received from patients showed that if they were in need of urgent treatment they had regularly been able to make appointments on the same day of contacting the practice.

# Are services responsive to people's needs?

(for example, to 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.
- We saw that information was available to help patients understand the complaints system. Information was on display within the practice and staff showed a good understanding of the process and were able to advise and support people who wanted to make a complaint.
- Patients we spoke with had not had any cause for complaint. We noted that verbal complaints had not been recorded therefore the potential to achieve wider learning from these was potentially lost.

We looked at four complaints received in the last 12 months and saw that these had been dealt with satisfactorily, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient was unable to get through to the surgery for their telephone consultation at the agreed time and a family member later expressed their unhappiness about the situation. The family member was put through to the GP and an appointment was arranged and the patient was seen the next day in a face to face consultation. An apology was provided together with an explanation of the reasons for being unable to get through to the surgery due to telephone capacity. The issue was discussed in the next staff meeting which resulted in a change to the process in relation to telephone consultations, where the responsible clinician would try and contact patients directly if they had not been in contact.

# 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 a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, concerns about the delays within the podiatry service which was progressed with the CCG and the lack of capacity at the local hospice, which resulted in a PPG member acting as a link worker.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

# Are services well-led?

Good 

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

any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and that their views and opinions were respected.

## 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, the diabetes education day run in conjunction with neighbouring practices and the CCG and the prevention clinic provided at the surgery with a social worker from Sutton Council.