

St Giles Surgery (Dr E Begley)

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Giles Surgery (Dr E Begley) on 23 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and 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 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:

- Ensure the practice is registered with CQC for the regulated activity surgical procedures before minor surgical procedures are resumed at the practice.
- Ensure the computer alert system of vulnerable patients is consistently maintained.

Summary of findings

- Ensure all consulting rooms where vaccines and medicines are administered have the appropriate colour-coded sharps bins available in line with the disposal of waste legislation.
- The provider should implement a failsafe process to ensure patients receiving high risk medicines are reviewed as appropriate.
- Ensure blank prescriptions are tracked through the practice in line with national guidance.
- Ensure staff know how to access clinical protocols relevant to their role.
- Ensure that all correspondence relating to patients, including pathology results, are actioned in a timely manner.
- Develop an ongoing audit programme that demonstrates continuous improvements to patient care.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Formulate a written strategy to deliver the practice's vision.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the computer alert system of vulnerable patients was not consistently maintained.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing safe services.

- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the computer alert system of vulnerable patients was not consistently maintained.
- Risks to patients were assessed and well managed.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey was above the CCG and national averages for several aspects of care. For example, 91% of patients said the GP was good at listening to them (CCG average 85%; national average 89%) and 89% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 81%; national average of 85%).

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This was echoed in the National GP Patient Survey where 88% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 77%; national average 82%).
- 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.

Good



- 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.
- 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. This was echoed in the National GP Patient Survey where 68% they usually get to see or speak to their preferred GP (CCG average 50%; national average 58%) and 83% of patients are happy with the surgery's opening hours (CCG average 73%; national average 76%).
- 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal written strategy or supporting business plan to achieve it.
- There was a 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.

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 referred its patients into the local Age UK's Safe and Independent Living (SAIL) project aimed to support older people stay healthy and independent in their home for as long as possible by helping them navigate and access the full range of services available, including leisure and social services.
- The practice offered Holistic Health Assessments to identify the care needs of its elderly patients.

People with long term conditions

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

Good



- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with CCG and national average. For example, patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 70% (CCG average 73%; national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 90% (CCG average 88%; national average 94%).
- The practice hosted 'virtual diabetes clinics' provided by the local diabetes community team which involved diabetes consultants and specialists visiting the practice to undertake case review of complex patients.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice encouraged patients to refer to Self-Management UK (support for people living with long-term health conditions which enabled individuals to manage their health condition on a day-to-day basis).

Families, children and young people

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

Good



- The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable with CCG and national average. For example, patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 70% (CCG average 73%; national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 90% (CCG average 88%; national average 94%).
- The practice hosted 'virtual diabetes clinics' provided by the local diabetes community team which involved diabetes consultants and specialists visiting the practice to undertake case review of complex patients.
- Longer appointments and home visits were available when needed.
- All these patients had 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.
- The practice encouraged patients to refer to Self-Management UK (support for people living with long-term health conditions which enabled individuals to manage their health condition on a day-to-day basis).

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.

Summary of findings

- 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 offered a 'Commuter's Clinic' on Wednesday from 7am to 8am and 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and 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.
- Patients who were on the avoidable admissions register and integrated care programme were given a separate number to call to enable them to get through to the practice quickly and by-pass the main line. This facility had been extended to carers and those cared for.

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



- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 71% (CCG average 85%; national average 88%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 94% (CCG average 86%; national average 90%).

Summary of findings

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 79% (CCG average 80%; national average 84%).
- 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 showed the practice was performing in line with local and national averages. Three hundred and fifty-seven survey forms were distributed and 102 were returned. This represented a response rate of 29% and 2% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and the national average of 73%.
- 82% 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 80% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%.

- 80% 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 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received.

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

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the practice is registered with CQC for the regulated activity surgical procedures before minor surgical procedures are resumed at the practice.
- Ensure the computer alert system of vulnerable patients is consistently maintained.
- Ensure all consulting rooms where vaccines and medicines are administered have the appropriate colour-coded sharps bins available in line with the disposal of waste legislation.
- The provider should implement a failsafe process to ensure patients receiving high risk medicines are reviewed as appropriate.
- Ensure blank prescriptions are tracked through the practice in line with national guidance.

- Ensure staff know how to access clinical protocols relevant to their role.
- Ensure that all correspondence relating to patients, including pathology results, are actioned in a timely manner.
- Develop an ongoing audit programme that demonstrates continuous improvements to patient care.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Formulate a written strategy to deliver the practice's vision.

St Giles Surgery (Dr E Begley)

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 St Giles Surgery (Dr E Begley)

St Giles Surgery (Dr E Begley) is located at 40 St Giles Road, Camberwell, London SE5 7RF. The practice was previously known as Dr A A N Virji's Practice. Dr Virji retired from the practice in March 2016. At the time of our inspection the practice had submitted notification to CQC of the change in partnership.

The practice provides NHS primary care services to approximately 5,400 patients living in the Camberwell and Peckham area through a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is part of Southwark Clinical Commissioning Group (CCG) which consists of 45 GP practices.

The practice operates from a two-storey purpose-built property which it shares with a separate GP partnership. All patient services are on the ground floor. The first floor is accessed via stairs. The practice has access to three GP consulting room and two treatment rooms. There is a

shared reception, waiting room and multi-purpose clinical room. In addition to signage to assist patients in identifying their correct GP, both practices are colour-coded. Dr Begley's practice is the blue practice.

The practice population is in the third least deprived decile in England. People living in more deprived areas tend to have a greater need for health services. The practice population of male and female patients between the ages 20 to 39 was higher than the national averages.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; and family planning. Prior to our inspection the practice told us they were undertaking minor surgical procedures. However, they were not registered for the regulated activity of surgical procedures. The practice told us they would stop all minor surgery until they had updated their registration.

The practice staff comprises of two female GP partners (totalling 16 clinical sessions per week) and one female salaried GP (eight clinical sessions per week). The clinical team is supported by a practice nurse, a healthcare assistant, a practice manager and seven administration/receptionist staff. The practice shares all its support team with the GP practice in the same premises. All staff are contracted to work 37.5 hours per week and their time is split based on practice population. The practice told us staff work approximately 40% of the whole time equivalent with Dr Begley's practice.

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided on Wednesday from 7am to 8am and 6.30pm to 7.30pm.

Detailed findings

The practice provides a range of services including childhood immunisations, chronic disease management, smoking cessation, sexual health, cervical smears and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients also have access to an extended access centre open 8am to 8pm, seven days per week which was created through funding from the Prime Minister's Challenge Fund (the Challenge Fund was set up nationally in 2013 to stimulate innovative ways to improve access to primary care services).

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.

The practice had not been previously inspected.

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 23 August 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GP, practice manager, practice nurse, healthcare assistant, administration/reception) 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.

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 an electronic recording form available on the practice's computer system and paper forms on a significant event noticeboard in the reception area. 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 and had recorded seven within the last 12 months. For example, a member of staff had accidentally downloaded a computer virus onto the system. The practice had reported the incident to the CCG IT team and reiterated to all staff the information governance policy and scheduled information governance up-date training.
- 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. In particular, we saw evidence of shared learning with the GP practice within the same building regarding the safe handling and use of liquid nitrogen. Both practices shared a liquid nitrogen container and it was noted that appropriate safety equipment (gloves and goggles) had not been available when decanting liquid nitrogen into a secondary container for use. On the day of the inspection we observed the liquid nitrogen to be stored in a locked, ventilated room with appropriate safety signage on the door and the availability of appropriate personal protective equipment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Although the practice maintained a register of vulnerable children and adults, on review we found the computer alert system was not consistently maintained. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the practice nurse and healthcare assistant were trained to safeguarding level 3. The practice nurse had attended Female Genital Mutilation (FGM) and Child Exploitation training.
- There was a notice in the waiting room and consulting rooms that 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 had trained both female and male staff to chaperone. All staff we spoke with were aware of their responsibilities as a chaperone and where to stand to observe the procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The consulting rooms were carpeted and we saw evidence that the practice had a twice yearly schedule for deep cleaning. The flooring in the two treatment rooms had been replaced following a previous infection control audit to seamless and impermeable flooring in line with guidance.
- There was an infection control protocol in place and staff had received up to date training. All staff we spoke with knew the location of the bodily fluid spill kits and had access to appropriate personal protective equipment when handling specimens at the reception

Are services safe?

desk. The practice nurse had commenced the role of infection control clinical lead in April 2016. The internal infection control audit had been undertaken by the practice manager in July 2016.

- Prior to our inspection, the practice had written to CQC to advise us that one of the clinicians brought a dog to the surgery which was kept in the consulting room during consultations in a cage under the desk. The dog was a pet and not an enabling dog. On the day of the inspection the dog was not on the premises but the cage was in-situ in the consulting room. The practice had undertaken a risk assessment. However, we were told patients were not advised when booking an appointment that a dog would be present and there was no signage on the door. Some patients we spoke with on the day told us they would not be happy to have the dog in the room during a consultation. The practice had not sought any patient feedback. We noted that the infection control audit had not made reference to the dog with regards to any enhanced cleaning arrangements. Immediately after the inspection the practice wrote to us to advise that the dog would no longer be brought to the surgery premises.
- 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, during our observations we noted that one consulting room did not have the appropriate sharps bin available for the range of medicines administered by the clinician.
- Procedures were in place for handling repeat prescriptions but these did not include failsafe processes to ensure patients receiving high risk medicines were reviewed as appropriate.
- 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 box serial number were recorded. However, there was no system in place to track their use in the practice. The practice sent evidence after the inspection that a log system had been implemented.
- Patient Group Directions (PGDs) 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). All PGDs had been signed by the practice nurse and the prescribing lead. The healthcare assistant had been trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (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).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were 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 the local health and safety representative. We saw evidence that staff had undertaken health and safety and manual handling training. The practice had undertaken a health and safety risk assessment in June 2015 and we saw evidence action was taken to address any improvements identified as a result. For example, to have a first aid kit and accident book available. On the day of the inspection both were available and all staff we spoke with were aware of their location.
- There was a fire procedure in place and we saw evidence that all fire extinguishers and the fire alarm were maintained. There were two trained fire marshals and all staff we spoke with on the day knew who they were. Fire evacuation drills were undertaken regularly and we saw a log of these. All staff we spoke with knew where the fire evacuation point was located.
- The practice had an up-to-date fire risk assessment undertaken in June 2015 and we saw evidence that findings identified had been actioned.
- Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment and equipment

Are services safe?

used for patient examinations. We saw evidence of calibration of equipment used by staff and portable electrical appliances had both been checked in March 2016.

- A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been undertaken in June 2015.
- 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 emergency alert system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training which included the automated external defibrillator. Emergency medicines were available in the practice nurse's treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw a log that these were checked on a weekly basis by the practice nurse. A first aid kit and accident book was available on reception.
- 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. This had been updated in June 2016. The plan included emergency contact numbers for staff. The practice had a 'buddy' system with a neighbouring practice.

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.

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 86% of the total number of points available.

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

- Performance for some diabetes related indicators was comparable with CCG and national average. For example, patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 70% (CCG average 73%; national average 78%) and the percentage of patients with diabetes, on the register, who have had the influenza immunisation was 90% (CCG average 88%; national average 94%).
- Performance for hypertension (high blood pressure) was comparable to the CCG and national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 76% (CCG average 81%; national average 84%).
- Performance for respiratory-related indicators was comparable to CCG and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 77% (CCG average 75%; national average

75%) and the percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 97% (CCG average 89%; national average 90%).

- Performance for mental health related indicators was comparable to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 71% (CCG average 85%; national average 88%) and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 94% (CCG average 86%; national average 90%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 79% (CCG average 80%; national average 84%).

There was evidence of quality improvement including clinical audit. However, there was no evidence of an ongoing audit programme that demonstrated continuous improvements to patient care.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, an antibiotic audit undertaken in July 2015 examined 30 records where the antibiotic co-amoxiclav was prescribed. It was found only 10% were prescribed in line with local guideline. A change was made to prescribing behaviour and the audit repeated in May 2016. At that time it was found there had been an improvement from 10% to 35%.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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 had undertaken diabetes and respiratory updates.
- The healthcare assistant practised under the supervision of the practice nurse and the GPs and we saw evidence of up-to-date competence training for all aspects of the role and clinical protocols on the practice's shared drive. However, not all staff we spoke with knew the location of the clinical protocols.
- 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 review 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice nurse told us she was given protected time to attend a monthly CCG-led practice nurse forum meeting which was a platform to share good practice.
- 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. We looked at incoming correspondence to GPs in the practice and found these were not always dealt with in a timely manner. At the time of our inspection we saw there were 34 pathology results dating back two weeks still to be actioned and 13 unactioned documents from

March 2016 allocated to a retired GP through the practice's electronic document management and workflow software. At the time of the inspection the practice told us these would be actioned.

- We saw examples of care plans and saw two of the four care plans reviewed were blank and medicines side effects had not been documented for a patient commencing a new medicine.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. This included a process to refer patients to be seen by a specialist within a maximum of two weeks where cancer is suspected.
- The practice used an IT interface system (GP2GP) which enables patients' electronic health records to be transferred directly and securely between GP practices. This improves patient care as GPs will usually have full and detailed medical records available to them for a new patient's first consultation.

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:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet were signposted to the relevant service.
- Smoking cessation clinics with the practice nurse and healthcare assistant were available at the practice.
- The practice held a substance misuse clinic supported by an in-house case worker.
- The practice promoted the Pharmacy First scheme (access to advice, treatment and medicines for common ailments from local pharmacies).
- The practice hosted 'virtual diabetes clinics' provided by the local diabetes community team which involved diabetes consultants and specialists visiting the practice to undertake case review of complex patients.
- The practice hosted an in-house counselling service.
- The practice referred its patients into the local Age UK's Safe and Independent Living (SAIL) project aimed to support older people stay healthy and independent in their home for as long as possible by helping them navigate and access the full range of services available, including leisure and social services.
- The practice encouraged patients to refer to Self-Management UK (support for people living with long-term health conditions which enabled them to manage their health condition on a day-to-day basis).
- The practice offered Holistic Health Assessments to identify the care needs of its elderly patients.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 95% (CCG average 82% to 94%) and five year olds from 81% to 93% (CCG average 78% to 94%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 21 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, sympathetic and treated them with dignity and respect.

We spoke with one member 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 above the local and national averages for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 87% of patients said the nurse was good at listening to them compared to the CCG average of 85% and the national average of 91%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful which was above local and national averages (CCG 85%; national average 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.

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 above local and national averages for GP consultations. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care which was comparable to local and national averages (CCG 80%; national average 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. Several staff members spoke other languages which included French, Vietnamese and Nigerian.

Are services caring?

- The practice website included a translation facility and the patient self-check in system was available in several languages which reflected the practice demographic.

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 44 patients as

carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There was a carers page on the practice website which outlined guidance for carers on support groups and financial and legal assistance. Carers were also given access to a by-pass telephone number to call to enable them to get through to the practice quickly for help and advice.

Staff told us that if families had suffered bereavement, their usual GP contacted them or visited to provide support. Information and advice on how to find a support was available in the practice and on the website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on Wednesday from 7am to 8am and 6.30pm to 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice website had the functionality to translate to other languages.

Access to the service

The practice premises are open from 8am to 6.30pm Monday to Friday. Extended hours are provided on Wednesday from 7am to 8am and 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to four 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 comparable to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% 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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 developed a complaints and comment leaflet which included a complaint form. Information on how to complain was also available on their website and in the practice leaflet.

We looked at eight complaints received in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. We saw that action was taken as a result to improve the quality of care.

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 told us they had a vision to deliver high quality care and promote good outcomes for patients. However, there was no formal written strategy or supporting business plan to achieve it.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the 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
- There was evidence of a programme of quality improvement including clinical audit. However, there was no evidence of an ongoing audit programme that demonstrated continuous improvements to patient care.
- There were 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 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.

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), surveys, complaints and comments, NHS Choices and the Friends and Family Test (FFT).
- The practice had an active PPG which met approximately four times a year. The practice had a joint PPG with the practice sharing the building. Information regarding the PPG and how to join was available in the form of a leaflet in the waiting room, in its practice brochure and on the website. The dates of forthcoming meetings and minutes of previous meetings were also available on the practice website. The PPG member we spoke with told us they submitted proposals for improvements to the practice management team. For example, the practice had installed a patient call board and improved the telephone system by installing a queuing system.
- We also saw evidence that the practice had responded to patient comment card feedback about the toilets being old and dirty and had refurbished the facilities.
- The practice had a poster display in the waiting room and on the practice website "you said we did" which outlined feedback received and what action the practice had taken in response.
- The practice had gathered feedback from staff through staff meetings and annual appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.