

The Grove Road Practice

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		Requires improvement	
Are services safe?		Requires improvement	
Are services effective?		Requires improvement	
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 The Grove Road Practice on 13 October 2016. Overall the practice is rated as requires improvement.

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

- Some risks to patients were assessed and managed; however the practice had not undertaken a recent fire and legionella risk assessment and a health and safety risk assessment of the premises. There was no system to record the cleaning carried out on a daily basis; records were not maintained of checks made for oxygen and defibrillator. There was no formal system to monitor implementation of medicines and safety alerts.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; however the outcomes for patients with long-term conditions were lower than local and national averages. Many

staff had not undertaken mandatory training including safeguarding vulnerable adults, infection control, fire safety, mental capacity act and information governance

- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

There were areas of practice where the provider must make improvements:

Summary of findings

- Ensure that all staff have basic life support, safeguarding vulnerable adults, infection control, fire, mental capacity act and information governance training relevant to their role.
- Ensure that an up to date fire, legionella and health and safety risk assessment is undertaken and all the recommendations from the risk assessment are actioned.
- Ensure records are maintained of oxygen and defibrillator checks.
- Ensure that the outcomes for patients with long term conditions are improved.

There were areas of practice where the provider should make improvements:

- Review practice procedures to ensure there is a system in place to monitor implementation of medicines and safety alerts.
- Review practice procedures to ensure daily cleaning logs are maintained.
- Review practice procedures to ensure identification of patients with Chronic Obstructive Pulmonary Disease (COPD) is improved.
- Review practice procedures to ensure response letters are sent to all patients who had made a complaint.
- Consider formal meetings for non-clinical staff.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Some risks to patients were assessed and managed; however the practice had not undertaken a recent fire and legionella risk assessment and a health and safety risk assessment of the premises.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse; however only three out of 24 staff members had safeguarding adults training.
- 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.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) for 2014/15 showed patient outcomes were significantly below average for the locality and compared to the national average; unpublished QOF results for 2015/16 showed no improvement.
- Many staff had not undertaken mandatory training including safeguarding vulnerable adults, infection control, fire safety, mental capacity act and information governance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) 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.
- 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.
- The practice GPs had personal patient lists which facilitated continuity of care of these patients. In the latest national GP patient survey 74% of patients said they always or almost see or speak to the GP they prefer (CCG average 59%, national average 59%).
- The practice provided minor surgical procedures including cryocautery (a procedure that uses very cold temperatures to treat abnormalities of the skin), fitted coils and implants and provided joint injections which reduced the need for referrals to hospital.

Are services well-led?

Good



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 this.

Summary of findings

- 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 a governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 provider was rated as requires improvement for safe and effective and good for responsive, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 GPs provided care for three local nursing homes and one care home supporting the needs of 97 residents.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and effective and good for responsive, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The national Quality and Outcomes Framework (QOF) data showed that 67% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 61% which was below the CCG average of 81%.
- The national QOF data showed that 59% of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- Performance for mental health related indicators was below the CCG and national averages; 68% of patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 87% and national average of 88%.

Requires improvement



Summary of findings

- 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 GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- All patients with a long term condition who become terminally ill were considered for end of life care planning and were discussed at multidisciplinary team meetings.
- The practice patients had access to on site electrocardiography, spirometry and pulse oximetry.

Families, children and young people

The provider was rated as requires improvement for safe and effective and good for responsive, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances. The practice was lower than the local Clinical Commissioning Group (CCG) average for unplanned A&E attendances over the last year.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was in line with the Clinical Commissioning Group (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.
- The practice patients had access to antenatal care through weekly midwife led clinics.
- The practice had a system in place where they administered regular vaccines for children aged one year on two occasions instead of the usual practice of one; they administered two vaccines at a time with a delay of two weeks to a month. This was to decrease the trauma caused for the children and parents. The practice contacted Public Health England (PHE) regarding this and received a positive response; however PHE

Requires improvement



Summary of findings

insisted that robust arrangements should be in place so that there is no delay in administration of the vaccines or that children do not miss these vaccines; we saw that the practice had arrangements in place to monitor this.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and effective and good for responsive, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments with GPs which were suitable for working people.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and effective and good for responsive, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 86% (38 patients) of 43 patients with learning disability had received a health check in the last year. The practice GPs provided care for four local learning disability residential homes supporting the needs of 24 residents.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and effective and good for responsive, caring and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The number of patients with dementia who had received annual reviews was 61% which was below the Clinical Commissioning Group (CCG) average of 81% and national average of 84%.
- 68% of 88 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was below the CCG average 87% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.

Requires improvement



Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with or above the local and national averages. Two hundred and fifty seven survey forms were distributed and 117 were returned. This represented approximately 1% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 74%, national average of 73%).
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%). The practice achieved highest results for getting appointments when compared to other practices in the local CCG.
- 94% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 45 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 11 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The Grove Road Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

Background to The Grove Road Practice

The Grove Road Practice provides primary medical services in Carshalton to approximately 8900 patients and is one of 27 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the second least deprived decile in England.

The practice population has lower than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is in line with the local and national average; the practice population of older people is above the local average and in line with the national average. Of patients registered with the practice for whom the ethnicity data was recorded, 37% are other white background, 6% white British and 6% are other Asian background.

The practice operates in converted premises. All patient facilities are wheelchair accessible on the ground floor and there is no lift access to the first floor; for patients who are not able to access the first floor appointments are provided on the ground floor. The practice has access to three doctors' consultation rooms and two treatment rooms on the ground floor and one doctors' consultation room and one treatment on the first floor.

The clinical team at the surgery is made up of two full-time and one part-time male GPs who are partners, one full-time male GP and three part-time female salaried GPs and two part-time female practice nurses. The non-clinical practice team consists of one practice manager and 14 administrative and reception staff members. The practice provides a total of 40 GP sessions per week.

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

The practice reception and telephone lines are open from 8:00am until 6:30pm Monday to Friday. Appointments are available from 8:30am to 11:30am and 3:30pm to 6:00pm every day. Extended hours surgeries are offered on Mondays from 6:30pm to 8:00pm and on Saturdays from 9:00am to 12:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Sutton CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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 13 October 2016.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, the practice manager, five GPs, two practice nurses and we spoke with 11 patients who used the service including two members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and 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 practice carried out a thorough analysis of the significant events and maintained a log on the computer system.
- The practice had a medicines and medical device alert policy; though had no formal system in place to monitor implementation of these alerts; however we saw evidence of the implementation of recent medicines and safety alerts and clinical staff were aware of these. For example following a recent national alert the practice had made a visit procedure for home visits.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient collapsed in the waiting room. The reception staff raised the alarm, informed the duty doctor and called ambulance services. The patient was successfully managed and was sent to hospital. The practice discussed this incident in a clinical meeting and learning was shared to all staff members.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. GPs and nurses were trained to Child Protection level 3 and non-clinical staff were trained to Child Protection level 1. Only three out of 24 staff members had safeguarding adults training; however staff were aware of their responsibilities in relation to this.

- Notices in the clinical rooms 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 check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy; however the practice had no daily cleaning records. 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; however many clinical and non-clinical staff had no infection control training. Annual infection control audits were undertaken and we saw evidence that action was 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 and security). There were some gaps in the recording of refrigerator temperatures in which medicines were stored; however the practice had a temperature data logger back-up system in place in the refrigerators, which automatically recorded temperatures seven days a week. 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are

Are services safe?

written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- We reviewed 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. The practice did not use locum GPs.

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. The practice had undertaken a fire risk assessment in 2009 through the primary care trust; however they were not able to show us the risk assessment as this was not provided to the practice. They had made some changes to the practice following the risk assessment including changes to doors and signage and we saw an action plan of works carried out in 2009/2010; they also carried out regular fire drills. Many clinical and non-clinical staff had no fire safety training. 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. The practice had undertaken a legionella risk assessment in 2010 through primary care trust; however they were not able to show us the risk assessment as this was not provided to the practice

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice showed us that they have actioned some of the recommendations from the legionella risk assessment; we saw an action plan of works carried out in 2009/2010.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. They also had panic buttons in the reception and consultation rooms.
- One out of nine clinical staff and two out of 15 non-clinical staff had not received basic life support training and this training was out of date for one clinical and four non-clinical staff. 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; however there was no log to indicate that these were regularly checked. A first aid kit and accident book was available.
- 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 peoples' 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 80.7% of the total number of points available, which was significantly below the Clinical Commissioning Group (CCG) average of 93.7% and national average of 94.7%, with an exception reporting rate of 6.3%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) Unpublished QOF results for 2015/16 indicated that their expected results were 77% of the total number of points available which is below the 2014/15 results. The practice was aware of the low QOF results and informed us that there were coding issues. This practice was an outlier for many QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the Clinical Commissioning Group (CCG) and national average. For example, 67% (5.5% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 66% which was below the CCG average of 81%. The percentage of patients with diabetes on the register for

whom the last blood pressure reading was 140/80 mmHg or less was 54% (5.8% exception reporting) which was below the CCG average of 72% and national average of 78%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (0% exception reporting), which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 92% (0% exception reporting), which was below the CCG average of 96% and national average of 98%.
- Performance for mental health related indicators was below the CCG and national averages; 68% (21.1% exception reporting) of patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 87% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 61% (10% exception reporting) which was below the CCG average of 81% and national average of 84%.
- The national QOF data showed that 59% (5% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 75%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 83% (18.4% exception reporting) compared with the CCG average of 91% and national average of 90%. The practice had a low prevalence of patients with COPD compared to the local CCG.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain if details of adults who accompany children under 16 years of age on their consultations were documented in their notes. The practice identified 85 clinical consultations undertaken for children over a period of one week. Of these only 28.2% (24 patients) of these consultations had appropriate documentation of the details of the accompanying adult. In the second cycle, after changes had been implemented including changes to the electronic patient management system the

Are services effective?

(for example, treatment is effective)

practice identified 57 clinical consultations of which 84.2% (48 patients) had appropriate documentation of the details of the accompanying adult which is a significant improvement compared to the first cycle.

- Another clinical audit was undertaken to ascertain the number of broad spectrum antibiotics prescribed out of all the antibiotics prescribed. In the first cycle the practice identified 455 patients who were prescribed antibiotics of which 20.7% (94 patients) were broad spectrum antibiotics. In the second cycle, after changes had been implemented the practice identified 367 patients who were prescribed antibiotics of which 8.2% (30 patients) were prescribed broad spectrum antibiotics; this was a significant improvement when compared to the first cycle.
- The percentage of antibiotic items prescribed that are cephalosporins or quinolones was 10%, which was above the Clinical Commissioning Group (CCG) average of 8% and national average of 5%. Due to the high prescribing of antibiotics the practice performed regular audits to monitor performance. The above audit and CCG data indicated a reduction in the proportion of antibiotic items that are cephalosporins or quinolones prescribed by the practice.
- The practice worked with the CCG medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

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

- The practice had a comprehensive induction programme and induction checklist for all newly appointed staff. It covered topics such as safeguarding, fire safety, health and safety, confidentiality and basic life support; however not all staff had received all the mandatory training. The practice told us they had put a plan in place to ensure all staff were appropriately trained.
- 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. 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 online 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 mandatory update training that included: child safeguarding, fire procedures, basic life support and information governance awareness; however many staff had no fire safety, infection control and information governance training and some had not undertaken annual basic life support training. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used a web-based software system that directly linked GP practices to hospital specialists which provided rapid access to expert advice on referral queries.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had weekly clinical meetings where they discussed significant events, referrals, safeguarding and general clinical issues.

Are services effective?

(for example, treatment is effective)

We saw evidence that multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated. The practice also had weekly practice nurse meetings, however these were not minuted.

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. However many clinical staff had no mental capacity act training.
- We found that the consent obtained for minor surgical procedures were satisfactory.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was in line with the CCG average of 83% 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 64% compared with 68% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 54% compared with 55% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 2% to 98% compared to the CCG rates of 5% to 96%, and five year olds from 84% to 98% compared to CCG rates of 82% to 93%. Flu immunisation target rates for diabetes patients were 76% which was below the CCG and national averages.

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. The practice used a pre-health questionnaire for all new patients and for patients coming for annual checks to identify risk factors to manage them effectively.

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.

Most of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 11 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP patient survey showed the practice were at or above the local and national averages. For example:

- 96% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 90%; national average of 89%).
- 95% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 99% said they found the receptionists at the practice helpful (CCG average 89%, 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 on 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 with GPs. The practice was in line with or above average for consultations with GPs and nurses. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. The practice had identified 1.3% (114 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a carers identification and referral form which they used to refer carers to local support.

Are services caring?

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

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.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available; however the practice had no hearing loop. The practice used sign language interpreters and patients with hearing difficulties used text messaging to communicate with the surgery.
- The practice had alerts set up for patients with visual and hearing impairments and the reception staff helped these patients during appointments.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice GPs had personal patient lists which facilitated continuity of care of these patients. In the latest national GP patient survey 74% of patients said they always or almost see or speak to the GP they prefer (CCG average 59%, national average 59%).
- The practice provided minor surgical procedures including cryocautery (a procedure that uses very cold temperatures to treat abnormalities of the skin), fitted coils and implants and provided joint injections which reduced the need for referrals to hospital.
- The practice offered a text messaging service which reminded patients about their appointments.
- The practice proactively promoted patient educational sessions in partnership with the local CCG in topics such as managing your health after 75, looking after an unwell child, living with diabetes and living with Chronic Obstructive Pulmonary Disease (COPD). The practice informed us that 28 patients attended the living with diabetes session.
- The practice had a system in place where they administered regular vaccines for children aged one

year on two occasions instead of the usual practice of one; they administered two vaccines at a time with a delay of two weeks to a month. This was to decrease the trauma caused for the children and parents. The practice contacted Public Health England (PHE) regarding this and received a positive response; however PHE insisted that robust arrangements should be in place so that there is no delay in administration of the vaccines or that children do not miss these vaccines; we saw that the practice had arrangements in place to monitor this.

Access to the service

The practice was open between 8:00 and 6:30pm Monday to Friday. Appointments were available from 8:30am to 11:30pm and 3:30pm to 6:00pm daily. Extended hours surgeries were offered on Mondays from 6:30pm to 8:00pm and on Saturdays from 9:00am to 12:00pm. 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 were in line with or above the local and national averages.

- 79% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 77%; national average of 76%).
- 86% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 74% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

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

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.

Are services responsive to people's needs? (for example, to feedback?)

We looked at 10 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to; however response letters were not always sent to patients to provide a track record of correspondence for each complaint. The practice manager spoke to all the patients who made a complaint by phone or offered an appointment to meet. Lessons were learnt from concerns and complaints and action was taken to as a

result to improve the quality of care. For example, a patient had complained that they had to wait for a long time to be seen. The practice apologised to the patient, investigated this incident and found that reception staff had not informed the patient of the long wait as it was a busy surgery and it was overlooked. Following this incident the reception staff were reminded to inform the patients of any delays especially during busy periods.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these 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 staff were aware of their own roles and responsibilities. The practice had leads assigned for safeguarding, medicines management, information governance, minor surgery, infection control and finance.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was an understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- One of the partners was the chair of the local clinical commissioning group and vice chair of local health and wellbeing board and also a joint clinical lead for children and young people in South West London Sustainability and Transformation Plan (STP).
- The practice had weekly partners meetings with the GP partners and practice manager where general practice issues, updates and strategy were discussed.
- The practice had no non-clinical staff meetings; they used an updates book to communicate changes and updates to non-clinical staff which was read and signed. The practice had recently started weekly meetings with the practice manager and senior receptionists.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- 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.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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 practice had an active PPG with 12 members which met regularly carried out patient surveys and submitted proposals for

Are services well-led?

Good 

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

improvements to the practice management team. For example the practice had made changes to the leaflets displayed in the waiting area following comments from patients.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person-centred care</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure the care and treatment of service users met their needs.</p> <p>Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national averages for a number of clinical indicators related to long term conditions including diabetes, asthma, dementia and mental health.</p> <p>Exception reporting figures were higher than average for a number of clinical indicators including those related to mental health conditions and chronic obstructive pulmonary disease (COPD).</p> <p>This was in breach of Regulation 9(1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that a health and safety risk assessment of the premises was undertaken.</p>

This section is primarily information for the provider

Requirement notices

The provider had not ensured that an up to date fire and legionella risk assessment was undertaken.

The provider had not ensured records are maintained of oxygen and defibrillator checks.

This was in breach of regulation 12(1) and 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

How the regulation was not being met:

The provider could not demonstrate that staff were trained on safeguarding vulnerable adults, infection control, fire safety, mental capacity act and information governance training relevant to their role.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.