

Surbiton Health Centre (Berrylands Surgery)

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Surbiton Health Centre (Berrylands Surgery)	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Berrylands Medical Practice on 14 January 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, however, there was no documented consideration of the risk to patients in cases where the decision was made to deviate from the recruitment procedure.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with 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 GP, however, the practice's performance with regards to patients accessing a named GP of their choice was lower than the CCG and national average.

- 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.

However, there were areas of practice where the provider should make improvements:

- The provider should ensure that when a new member of staff is employed, complete records are kept of the recruitment process (including application form, interview notes, references and the results of any pre-employment checks). They should also ensure that in all cases suitable pre-employment checks are completed prior to a new member of staff beginning work.

Summary of findings

- Ensure that a Patient Participation Group (PPG) is established.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, these were not always followed in the case of their recruitment procedure.
- Overall, risks to patients were assessed and well managed, however, there was no documented consideration of the risk to patients in cases where the decision was made to deviate from the recruitment procedure.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that overall patient outcomes were at or above average for the locality and compared to the national average. In areas where the practice was under-performing, they had taken action to address this.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice above others for several aspects of care.

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.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, one of the GPs had completed a diploma in mental health via the CCG in order to increase their awareness of mental health conditions and therefore provide an improved service to patients with these conditions. This GP also used their enhanced knowledge to provide support and advice to colleagues on how to best manage patients with mental health conditions.
- Patients said they found it easy to make an appointment with a GP, however, the practice's performance with regards to patients accessing a named GP of their choice was lower than the CCG and national average.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.

Good



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 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 being recruited to and ideas regarding their role were being developed.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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.
- Every patient aged 75 and over had a named GP.
- The practice liaised closely with the district nursing team and offered joint home visits where appropriate.
- The practice carried-out dementia screening on its patients, and periodically performed a search audit to identify any patients with dementia who had been missed from the dementia list.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's overall performance in relation to long-term conditions was comparable to CCG and national averages. For example, QOF achievement for the percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less was 81%, the CCG average was 83% and the national average was 84%. The percentage of patients with asthma who had received a review in the preceding 12 months was 73%, which was the same as the CCG average and slightly below the national average of 75%. The practice had recorded having carried-out a review in the preceding 12 months of 93% of patients with chronic obstructive pulmonary disease (COPD), compared to a CCG average of 95% and national average of 90%.
- The practice's overall performance in relation to diabetes indicators for the year 2014/15 was significantly lower than CCG and national averages at 59% of the total QOF points available, compared with an average of 92% locally and 89% nationally. In particular, the number of diabetic patients who had a blood pressure reading of 140/80 mmHg or less in the preceding 12 months was 67% (CCG average was 80% and national average

Good



Summary of findings

was 78%); and the number with a record of a foot examination and risk classification in the preceding 12 months was 66% (CCG and national average 88%). In response to these scores, the practice had recruited a GP with a specific interest in diabetes who had begun to run two diabetes clinics twice weekly. They had also introduced a re-call system for diabetic patients to ensure that patients received a timely invite for an annual review. The practice's QOF scores for the current year to date were viewed and their overall achievement for diabetes indicators was comparable to CCG and national averages.

- Longer appointments and home visits were available when needed.
- All patients who were at risk of unplanned admission had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Six-weekly safeguarding meetings were routinely scheduled to discuss patients where there were concerns. Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- The proportion of women whose notes record that a cervical screening test had been performed in the preceding five years was 73%, which was below the CCG average of 82%. We were told by the practice that there had been a coding problem which had led to a number of smear tests not being accurately recorded for reporting purposes (which had now been resolved), and that a significant proportion of their patients went elsewhere for cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. The practice had a dedicated health visitor clinic once a week.

Good



Summary of findings

Working age people (including those recently retired and students)

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

- The 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, including online appointment booking and repeat prescription requests, as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours appointments were offered with both early morning and evening appointments available.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances, such as those with a learning disability.
- The practice had one patient who was homeless, who had been registered to a local church which provided help to homeless people.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- 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.

Good



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).

- Ninety seven percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months, which was above the CCG average of 92% and national average of 88%.

Good



Summary of findings

- Sixty-three percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was considerably below the CCG and national average of 84%. The practice was working on improving this, and had conducted an audit of patient records to ensure that all patients with dementia were correctly identified and included on their list. The practice carried out advance care planning for patients with dementia and we viewed an example of these plans, which was found to be sufficiently detailed.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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. One of the GPs had completed a diploma in mental health in order to offer improved services to patients and advice and support to colleagues in managing these patients.
- An in-house counsellor was available.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 290 survey forms were distributed and 118 were returned. This was a response rate of 41% which represented approximately 3% of the practice's patient list.

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 78%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 73% described the overall experience of their GP surgery as fairly good or very good (CCG average 67%, national average 73%).

- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were largely positive about the standard of care received. Twenty two cards were wholly positive and patients commented that staff treated them with kindness and gave them enough time to go through all of their concerns. Eight cards contained comments regarding problems in the liaison between the practice and pharmacy.

We spoke with ten patients during the inspection. All ten patients said they were happy overall with the care they received, although there were a few negative comments from four of the patients including issues with waiting times and the attitude of reception staff.

Surbiton Health Centre (Berrylands Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Surbiton Health Centre (Berrylands Surgery)

Berrylands Medical Practice provides primary medical services in Kingston to approximately 4000 patients and is one of 26 practices in Kingston Clinical Commissioning Group (CCG). It is one of two practices whose provider is Canbury Medical Centre.

The practice has a higher than average deprivation score for children and older people.

The practice has a lower than CCG and national average proportion of patients who are unemployed, have a learning disability, poor mental health or a long-standing health condition.

The practice has a higher than average proportion of patients aged between 30 and 39 and a slightly higher than average proportion of females over 85 years. The ethnic mix of the practice's patient population is approximately 79.3% white, 12.7% Asian, 3.8% mixed, 2.3% black, 1.9% other non-white ethnic groups.

The practice operates from purpose-built premises which houses three other GP practices and other community-based health services. It is close to public transport links, and has on-site parking for patients. Patient facilities are all based on the ground floor, with disabled facilities and baby changing facilities available. The practice has access to three doctors' consultation rooms and two nurses' consultation rooms.

The practice team is made up of four GPs, two of whom are partners and form the provider, Canbury Medical Centre (one male (0.5 whole time equivalent (WTE)), one female (0.75 WTE), and two female salaried GPs (all 0.5 WTE). In addition, there are two female practice nurses (one 0.4 WTE, one 0.3 WTE). The practice team also consists of a practice manager (who manages both practices run by the provider), and nine administrative and reception staff members (several of whom work at both practices).

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

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours surgeries are available on Mondays and Fridays. Appointments are available between 7.30am and 7.30pm on Mondays, 8am to 6.30pm on Tuesdays, Wednesdays and Thursdays, and 7.10am to 6.30pm on Fridays.

When the practice is closed patients are advised to contact the local out of hours provider.

Detailed findings

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

The practice has not been previously inspected.

Why we carried out this inspection

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

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 14 January 2016. During our visit we:

- Spoke with a range of staff including the practice manager, GPs, nurses and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

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 significant events.

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, we saw an example of an event where a repeat prescription had been completed for a vulnerable patient but had been sent to the wrong pharmacy. This was resolved and we saw that a significant event had been recorded and that the incident had been analysed to identify how the mistake had been made and what could be done to avoid it reoccurring.

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 every six weeks 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 were trained to Child Safeguarding level 3 and nurses were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed five personnel files and found that proof of identification had been received by the practice prior to employment in all cases, and DBS checks had been completed where appropriate. The requirement for two references to be received prior to employment, as set out in the practice's recruitment policy, was not met in any of the files we reviewed; however, it is of note that all of these members of staff were recruited prior to the current practice manager being in post. The practice was aware that there had been failings in this area in the past and the new practice manager had developed a recruitment and induction check list for use when new members of staff were recruited in future.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for testing. A procedure was in place which outlined the administrative process for processing test results. GPs operated a buddy system and had access to each other's email inboxes so that cover could be easily provided in the event of absence.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

place for all the different staffing groups to ensure that enough staff were on duty, and staff cover was provided by the other practice run by the partnership when needed.

Arrangements to deal with emergencies and major incidents

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

- There were panic alarms installed under the desks in all consultation rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure 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.

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 91% of the total number of points available, with 7.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for QOF diabetes indicators. Data from 2014/15 showed;

- Performance for diabetes related indicators was significantly below the CCG and national average with overall achievement of 59% compared to a CCG average of 91% and national average of 89%. The number of patients with diabetes who had a blood pressure reading of 140/80 mmHg or less in the preceding 12 months was 67% (CCG average 80%, national average 78%); and the number with a record of a foot examination and risk classification in the preceding 12 months was 66% (CCG and national average 88%). In response to these scores, the practice had recruited a GP with a specific interest in diabetes who had begun to run two diabetes clinics a week. They had also introduced a re-call system for diabetic patients to ensure that patients received a timely invite for an annual review. The practice's QOF scores for the current year to date were viewed and their overall achievement was comparable to CCG and national averages.

- The percentage of patients with hypertension in whom the last blood pressure reading in the preceding 12 months was 150/90 mmHg or less was 81%, which was comparable to the CCG average of 83% and national average of 84%.
- Sixty-three percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was considerably below the CCG and national average of 84%. There were 32 patients on the dementia register, which represented a prevalence of 0.9%, compared to a CCG average of 0.5% and national average of 0.84%. The practice was working on improving this, and had conducted an audit of patient records to ensure that all patients with dementia were correctly identified and included on their list. The practice carried out advance care planning for patients with dementia and we viewed an example of these plans, which was found to be sufficiently detailed.
- Ninety-seven percent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the preceding 12 months, which was above the CCG average of 92% and national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been 13 clinical audits completed in the last two years, 12 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients prescribed an anti-depressant, which initially found that 9 out of 127 patients prescribed the medicine were being prescribed a dose that was higher than that recommended by the British National Formulary (BNF). The patients identified were contacted to attend a review and action was taken to reduce the dose prescribed. A re-audit four months later found that the doses of medicines being prescribed were within the BNF's recommendations in all cases.

Overall, the practice performed better than the CCG and national averages with regards to cancer screening and

Are services effective?

(for example, treatment is effective)

prevalence. It was comparable to the CCG and national averages for the proportion of patients diagnosed with cancer and the proportion who died from cancer. The proportion of the practice's patients who attended for breast cancer screening, cervical screening, and bowel cancer screening were all higher than the CCG and national averages, however, the proportion of patients who attended for breast cancer screening within 6 months of being invited to attend was lower than the CCG and national average.

Effective staffing

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

- The practice had a newly-developed induction programme for all new staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A practice handbook for new and locum GPs was available
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes; nursing staff explained that GPs ran educational update sessions for travel vaccine updates and that online resources were used to keep up to date with the childhood immunisation programme.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. A "traffic light" system was used for highlighting when mandatory training was due to be updated. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated. Health visitors and the dietician connected to the practice were able to access the practice computer system and enter information into patients' notes directly.

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 (MCA). GPs had not completed formal MCA training at the time of the inspection, but this was completed via an online course within 24 hours of the inspection. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had reviewed the outcomes for patients on their palliative care list and found that in the past year nine of the eleven patients (82%) on the list who had died had done so at home or in a hospice.
- A dietician was available at the practice one day a week. The practice also provided weekly sessions with a health promotion advisor, who provided advice on weight management and smoking cessation.
- The practice's uptake for the cervical screening programme was 73%, which was lower than the national average of 82%. We were told by the practice

that there had been a coding problem which had led to a number of smear tests not being accurately recorded for reporting purposes (which had since been resolved), and that a significant proportion of their patients went elsewhere for cervical screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% (compared to a national average range of between 89% and 96%) and five year olds from 92% to 100% (compared to a national average range of between 84% and 96%).

Flu vaccination rates for the over 65s were 72%, and at risk groups 54%. These were comparable to national averages of 73% for over 65s and 52% for at risk groups.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.
- The design of the reception area made it difficult for reception staff to hold conversations with patients without being overheard. Staff took measures to mitigate this, for example by asking patients their date of birth rather than their name when booking them in for an appointment. There was a private room available where patients could speak to staff without being overheard.

Of the 30 CQC comment cards we received, 22 cards were wholly positive and patients commented that staff treated them with kindness and gave them enough time to go through all of their concerns. Eight cards contained comments regarding problems in the liaison between the practice and pharmacy.

We spoke with ten patients during the inspection. All ten patients said they were happy overall with the care they received, although there were a few negative comments from four of the patients including issues with waiting times and the attitude of reception staff.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The satisfaction scores on consultations with GPs and nurses at the practice were comparable to CCG and national averages. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 84%, national average 87%).

- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 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 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. Results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%).
- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 70 carers, which represented approximately 2% of the practice list.

There was no formal policy on what support the practice would offer to patients who were recently bereaved, however, staff told us that if families had suffered

bereavement, their usual GP contacted 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. For example, one of the GPs had completed a diploma in mental health via the CCG in order to increase their awareness of mental health conditions and therefore provide an improved service to patients with these conditions. This GP also used their enhanced knowledge to provide support and advice to colleagues on how to best manage patients with mental health conditions.

- The practice offered a 'Commuter's Clinic' on Mondays from 7.30am to 8.00am and from 6.30pm until 7.30pm, and on Friday mornings from 7.10am to 8.00am 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- 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, and baby changing facilities available.
- An in-house counsellor provided a weekly clinic at the practice, and sessions were also available with a dietician and a health promotion advisor, which allowed patients convenient access to these services.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Extended surgery hours were offered from 7.30am to 8am on Mondays and Fridays and from 6.30pm to 7.30pm on Mondays. 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 mostly comparable to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 74%.
- 68% of patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 34% of patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 60%). The practice had recognised that they had scored below average for this area and we saw evidence that this had been discussed. The practice had noted that there had been some time during the period in question where they had GP vacancies which were covered by locums, and they believed that it was this turnover of staff that resulted in patients' dissatisfaction in this area. The practice had subsequently appointed permanent staff to these vacancies, which they believed would enable them to provide better continuity of care.

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.
- We saw that information was available to help patients understand the complaints system. This included information on the practice's website, leaflets, and a poster in the reception area.

We looked at three complaints received in the last 12 months and found that these were all satisfactorily handled and that explanations and apologies were given where appropriate. However, we noted that in one case a complaint was not responded to within the timescale set out in the practice's complaints procedure. We were told that a "holding" letter would have been sent to the patient, but there was no evidence of this in the complaints file.

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

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint, the practice recognised that their electronic check-in machine was not

fully compatible with the new computer system they had recently installed. As a result, the practice stopped using the check-in screen until the fault could be resolved. We saw evidence that this was discussed in a practice meeting.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values. It also had a supporting business plan which set out how the vision would be achieved, and whilst this was comprehensive in terms of content, it lacked detail such as who was responsible for each activity, and timescales for completion.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the practice's computer system.
- A comprehensive understanding of the performance of the practice was maintained and where problems with the practice's performance were identified, these were pro-actively addressed, for example, the practice had recruited a GP with a special interest in diabetes following disappointing QOF achievement in diabetes management.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised safe, high quality and compassionate 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.

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.

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 in doing so and felt supported if they did. We noted whole practice meetings were held quarterly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice was in the process of setting up a patient participation group (PPG) and a specific member of reception staff was responsible for liaising with the group. The practice had begun to develop ideas about

Are services well-led?

Good 

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

the activities that the PPG could become involved in, including gathering feedback from other patients, and co-ordinating a Christmas gift collection from patients and staff for the local homeless shelter.

- The practice had gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Examples were given by administration and nursing staff of suggestions they had made being implemented included the location of the accident book being moved to make it easier for staff to complete it, a change in the way that the booking of interpreters was recorded on the system, and the removal of certain toys from the waiting area due to infection control concerns. Staff told us they felt involved and engaged to improve how the

practice was run and that the quarterly practice meetings were useful. The practice produced a fortnightly staff newsletter, and staff said that they found that was a useful way of keeping up to date with news and changes at the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, providing in-house appointments with a dietician, counsellor, and health promotion advisor meant that patients were able to easily access services aimed at improving both their physical and mental health.