

# Beeches Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beeches Surgery on 16 May 2017. We carried out this inspection to check that the practice was meeting regulations.

Our comprehensive inspection carried out on 13 January 2015 found concerns including not having appropriate arrangements in place for processing prescriptions, inadequate systems for the reduction of healthcare associated infection control processes, inadequate systems to safeguard patients from abuse and poor leadership structures, and the practice was rated as inadequate and placed into special measures.

When we re-inspected on 19 November 2015 we found that the practice had made significant improvements. However there were still two breaches of regulations concerning recruitment checks and managing risks.

The previous reports can be found by selecting the 'all reports' link for Beeches Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment checks had taken place, but had not all been fully documented.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in line with the national average, and the practice had taken action to improve indicators where performance was weak. Some exception rates were above average, although the overall exception rate was low.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- Care plans were inconsistently completed, and some dementia care plans had insufficient detail recorded to be considered as an adequate care plan.
  - Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
  - Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
  - The practice had identified 32 patients as carers (0.5% of the practice list).
  - Since the last inspection, the practice had installed a new phone system with more incoming lines and call waiting information.
  - People told us on the day of the inspection that they were able to get urgent appointments when they needed them, but told us of waits of 2 – 3 weeks for routine appointments (longer for particular GPs). The practice told us that they were keeping the situation under review and had various plans underway to improve appointment access.
  - Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised, although national guidance on written responses was not consistently followed.
  - The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
  - There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
  - There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
  - The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
  - There was a strong focus on continuous learning and improvement at all levels.
- However, there were also areas of practice where the provider should still make improvements.
- The provider should:
- Ensure that all recruitment checks are documented.
  - Monitor QOF exception rates and take action to ensure that patients are only excepted appropriately.
  - Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
  - Monitor the updated complaints policy to ensure it is effective.

**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 had taken action on the issues identified at the last inspection, and the practice is now rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Recruitment checks had taken place, but had not all been fully documented.

Good



### Are services effective?

The practice remains rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in line with the national average, and the practice had taken action to improve indicators where performance was lower than expected. Some exception rates were above average. The practice had hypotheses as to why, but these had not been tested.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice remains rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

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.
- The practice had identified 32 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

## Are services responsive to people's needs?

The practice had taken action on the issues identified at the last inspection, and the practice is now 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. The practice offered a range of services including family planning, and travel health, and had tendered for new services such as phlebotomy.
- Since the last inspection, the practice had installed a new phone system with more incoming lines and call waiting information.
- People told us on the day of the inspection that they were able to get urgent appointments when they needed them, but told us of waits of 2 – 3 weeks for routine appointments (longer for particular GPs). The practice told us that they were keeping the situation under review and had various plans underway to improve appointment access.
- 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, although national guidance on written responses was not consistently followed. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



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

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 19 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

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.

Good



### People with long term conditions

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 19 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was generally comparable to the CCG and national averages. However, the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 61%, below the CCG average of 75% and the national average of 78%. The practice had developed a more robust system to recall patients with long term conditions for tests. We were shown (unvalidated) data that the practice had submitted for the 2016/17 QOF year which showed the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less had increased to 72%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## Families, children and young people

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 19 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 19 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- 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.

Good



## People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 19 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 19 November 2015 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

- In 2015/16 (the latest published data) 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, below the CCG and national average. Unvalidated data submitted for 2016/17 which showed improvement to in line with average.
- Performance on other mental health indicators was in line with average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Two hundred and fifteen survey forms were distributed and 109 forms were returned. This represented under 2% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards of which 23 were positive about all aspects of the standard of care received. Six comment cards gave positive feedback about the clinical care and support from non-clinical staff, but said that it was sometimes difficult to get an appointment.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but most felt that it was difficult to get a timely routine appointment.

# Beeches Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Beeches Surgery

Beeches Surgery is based in Sutton, in the Carshalton district of Sutton Clinical Commissioning Group. The practice list size is approximately 5900. Whilst the practice population is diverse, patients are mainly from white British backgrounds.

The practice facilities include three consulting rooms, two treatment rooms, two patient waiting rooms, three administration offices and a staff room. The premises have wheelchair access and there are facilities for wheelchair users including an accessible toilet.

The staff team consists of two male GPs partners, three salaried GPs (one female and two male), one female specialist nurse, one female practice nurse, a practice manager, six receptionists, a secretary and an administration assistant.

The practice was open between 8am and 7pm Monday, Wednesday and Thursday, 7am to 7pm on Tuesday and 8am to 6.30pm on Friday. There are different appointment times on different days of the week, but GPs generally have appointments in the morning from 8.30am or 8.50am to 12.50pm (apart from Tuesday when appointments begin at 7.20am and Friday when the morning appointments end at

11am). In the afternoon, GPs generally have appointments from 3.30pm or 4pm to 6.15pm or 6.50pm (apart from Tuesday when afternoon appointments begin at 1.30pm and end at 6pm).

When the practice is closed patients are directed (through a recorded message on the practice answerphone) to contact the local out of hours provider. This information is also in the practice leaflet and on the website.

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

Comprehensive inspection carried out in January 2015. Concerns included not having appropriate arrangements in place for processing prescriptions, inadequate systems for the reduction of healthcare associated infection control processes, inadequate systems to safeguard patients from abuse and poor leadership structures.

The practice was rated inadequate and placed into special measures for six months.

Comprehensive inspection 19 November 2015 found improvements and the practice was rated as requires improvement after which the practice was taken out of special measures

## Why we carried out this inspection

We undertook a comprehensive inspection of Beeches Surgery on 13 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

# Detailed findings

functions. The practice was rated as inadequate for providing safe, effective and well led services, and requires improvement for being caring and responsive, and was placed into special measures for a period of six months.

We undertook a further announced comprehensive inspection of Beeches Surgery on 19 November 2015. We found that improvements had been made, and the practice was taken out of special measures. There were some issues with safety and responsiveness that had not been addressed, and so the practice was rated as requires improvement overall.

The full previous inspection reports can be found by selecting the 'all reports' link for Beeches Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Beeches Surgery on 16 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the clinical commissioning group to share what they knew. We carried out an announced visit on 16 May 2017. During our visit we:

- Spoke with a range of staff (two GP partners and two salaried GPs, a practice nurse, the practice manager, and three members of reception and administration staff) and spoke with patients who used the service.

- Observed how patients were being cared for in the reception area and talked with patients and family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice premises.
- Looked at information the practice used to deliver care and treatment plans.

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

**At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management, including infection control and fire risks, and recruitment checks needed improving.**

**These arrangements had significantly improved when we undertook a follow up inspection on 16 May 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after a patient received a cut from the prescription collection box, the practice used tape to cover the sharp edges of the box.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 or 3, and other staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had a system to ensure that the hospital had received referrals made for urgent consultations, but not to ensure that patients had received an appointment. We raised this with the practice, and within three days were sent details of an updated process that included a system to make sure that appointments for urgent consultations had been made.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

## Are services safe?

prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice had a system to check for prescriptions that had not been collected, but we found several prescriptions dated November 2016 in the box of prescriptions awaiting collection. We raised this with the practice and within three days received details of an updated process, and a record sheet for monitoring.
- We reviewed four 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. Although checks had been made of the registration of the doctors and nurses, this was not recorded in the personnel files.

### 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received 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 stored securely. There was no supply of emergency medicines for GPs to take on home visits, but GPs told us that they would take such medicines from the main practice supply as they judged potentially necessary following their call to the patient. Shortly after the inspection, the practice sent us evidence that medicines for a home visit kit had been ordered.
- 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

**At our previous inspection on 19 November 2015, we rated the practice as good for providing effective services. The practice remains rated as good for providing effective services.**

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2015/16) were 95% of the total number of points available. This compares to a Clinical Commissioning Group (CCG) average of 95% and a national average of 95%.

- Performance for diabetes related indicators was generally comparable to the CCG and national averages. For example, the percentage of patients with diabetes for whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 81%, compared to a CCG average of 75% and a national average of 78%. However, the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 61%, below the CCG average of 75% and the national average of 78%.

The practice had developed a more robust system to recall patients with long term conditions for tests. We were shown (unvalidated) data that the practice had submitted

for the 2016/17 QOF year which showed an increase in the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less to 72%.

- Performance for mental health related indicators was comparable to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the preceding 12 months was 86%, compared to the CCG average of 91% and the national average of 89%.

We looked at the records of 10 patients diagnosed with dementia coded as having an agreed care plan (five during the inspection and five the practice sent following the inspection) and found that these were inconsistently completed, with some records having insufficient detail recorded to be considered as an adequate care plan. In response to our feedback the practice sent us (within three days) details of a new system to ensure appropriately detailed care plans were agreed and documented, including a new template and improved recall process for patients diagnosed with dementia. The practice also told us that it was recalling all patients on their dementia register for a comprehensive care plan review.

The practice overall exception reporting was low when compared to other practices. 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). The practice rate was 2%, compared to a CCG average of 4% and the national average of 6%.

There were two indicators where the practice exception rate was above average: dementia (practice rate 21%, compared to a CCG rate of 11% and a national rate of 13%) and rheumatoid arthritis (practice rate 10%, compared to a CCG rate of 2% and a national rate of 7.5%). The practice had some hypotheses as to why their exception rates for these indicators were high, but had not formally tested them.

There was evidence of quality improvement including clinical audit.

# Are services effective?

## (for example, treatment is effective)

- There had been six clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- For example, after the practice introduced early morning appointments, the practice audited take up to check their popularity and rate of appointments not attended. In another example, the practice checked and audited their prescribing of metformin (a medicine used for some patients with diabetes) in 2016 and 2017 and found that prescribing was in line with national guidelines.

### Effective staffing

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

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

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were signposted to the relevant service, including dieticians.
- Smoking cessation advice was available in the practice.



# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG and 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There are four performance indicators for childhood immunisations; each has a target of 90%. National data showed the practice achieved the target in three out of four areas. The target that was not achieved was children aged two vaccinated with Haemophilus influenza type b and Meningitis C booster vaccine (89%, compared to the target of 90%).

The four measures can be aggregated and scored out of 10, with the practice scoring 9.5 (compared to the national average of 9.1).

We asked the practice about immunisations performance. Staff told us that the data appeared to be incorrect and their records put the percentage of children vaccinated above the 90% target. We saw evidence that only two children aged two had not been vaccinated with Haemophilus influenza type b and Meningitis C booster vaccine, and that the practice had made appropriate efforts to ensure that all children received the appropriate vaccinations.

The practice was above the target for the other three indicators (at 97% - 98%).

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

# Are services caring?

## Our findings

**At our previous inspection on 19 November 2015, we rated the practice as good for providing caring services. The practice remains rated as good for providing caring services.**

### 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.

We received 29 comment cards of which 23 were positive about all aspects of the standard of care received. Six comment cards gave positive feedback about the clinical care and support from non-clinical staff, but said that it was sometimes difficult to get an appointment. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 18 patients during the inspection, including nine members of the patient participation group (PPG). All 18 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but most felt that it was difficult to get a timely routine appointment.

The members of the patient participation group (PPG) 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 patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 88% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 90% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw care plans that were personalised, but some dementia care plans that were not.

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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as

carers (0.5% of the practice list). This is an increase from four patients who were identified at the time of the last inspection. Written information was available to direct carers to the various avenues of support available to them.

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

**At our previous inspection on 19 November 2015, we rated the practice as requires improvement for providing responsive services as patients we spoke to described difficulties getting through to the practice by phone, and facilities for wheelchair users needed improvement.**

**These arrangements had significantly improved when we undertook a follow up inspection on 16 May 2017. The practice is now rated as good for providing responsive services.**

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered a range of services including family planning, and travel health, and had tendered for new services such as phlebotomy.

- The practice offered appointments from 7am on Tuesday for patients who could not attend during normal opening hours. The practice carried out an audit of the effectiveness of the early morning commuter clinic and found that in just over five months 96% of appointments had been booked and there was a low rate of appointments not attended (under 5%). The practice planned to re-audit the early morning clinic again in August 2017, and extend it to more days if the second audit shows continued popularity.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was looking into installing a lift to improve access.

- The practice had installed an automatic outer entrance door and a bell on the inner entrance door so that wheelchair users could alert reception staff to their presence.

### Access to the service

The practice was open between 8am and 7pm Monday, Wednesday and Thursday, 7am to 7pm on Tuesday and 8am to 6.30pm on Friday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and national average of 76%.

Since the last inspection, the practice had installed a new phone system with double the number of incoming lines (four rather than the previous two) and call waiting information. The practice also promoted online access as an alternative to phone calls.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them, but told us of waits of 2 – 3 weeks for routine appointments (longer for particular GPs). The practice told us that they were keeping the situation under review and had various plans underway which they hoped would improve access to appointments, including a nurse-led minor ailments service and extended early hours clinics.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. A GP telephoned anyone requesting a home visit, to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would

# Are services responsive to people's needs?

(for example, to feedback?)

be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England, but did not make explicit that all written complaints should receive a written response and that this needed to include details of the NHS Ombudsman.

We looked at four complaints received in the last 12 months and found that they were dealt with in a timely way, and with openness and transparency. The practice always offered a face-to-face meeting with the practice manager and/or a GP and kept notes of telephone calls and meetings, but not all of the written complaints we looked at had a final written response with details of the NHS Ombudsman.

We raised this with the practice and within three days we were sent an updated complaints policy, which included comprehensive guidance as to the sending of written responses, and details of how the policy would be monitored.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, after a patient was accidentally given a test form for a patient with the same surname, the reception staff protocol was changed to include a date of birth check.

There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, for example a poster and leaflet in reception.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 19 November 2015, we rated the practice as good for providing well-led services.**

**The practice remains rated good for providing well-led services.**

### 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 were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Policies were reviewed and updated regularly with the exception of two which the provider confirmed they were addressing, within three days after the inspection.
- An understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were planned.
- 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.
- A succession plan was in place.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and were involved with improvements to the practice. For example, the improvements to the practice telephone system.
- The practice had gathered feedback from staff through a staff survey, staff meetings, appraisals and discussion.

# Are services well-led?

Good 

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

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.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

The practice were exploring transferring from the Vision computer records system to an EMIS system, to be in line with other practices in the clinical commissioning group. GPs told us that this could have various advantages for patients, including the ability of patients to access the central hub for appointments.

A formal GP telephone triage system was being piloted, two days per week, with the potential for extension if effective.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was about to begin offering Skype consultations as part of a CCG pilot, and had tendered for local services.

The practice had also applied to be part of the NHS Quick Start productivity programme.