

The Vale 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?		Requires improvement	
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 The Vale Surgery on 03 November 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed but not always well managed. There was no defibrillator on the premises on the day of inspection and no risk assessment had been completed. A Disclosure and Barring Service (DBS) check had not been carried out for a GP prior to employment. We saw that the practice implemented immediate action plans to rectify these issues.

- Patients' needs were assessed and care was planned but not always delivered in line with relevant guidance and legislation; consent for examinations and discussions with patients were not always recorded but the practice took immediate actions to address this.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients. Patients said they were treated with compassion, dignity and respect. The practice had addressed less positive feedback from patients. Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on. The practice had a number of policies and procedures to govern activity, but not all staff knew how to locate them.

Summary of findings

- The practice had access to but did not hold recruitment and training files on the premises for some staff members.
- The practice held regular governance meetings where issues were discussed and appraisals were carried out for all members of staff. Not all staff had received mandatory training appropriate to their roles but further training needs had been identified or planned.

However there were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure recruitment arrangements include DBS checks for all locum staff or a risk assessment for non-clinical staff.
- Ensure all staff are aware of how to access policies and procedures.

- Ensure details of examinations, discussions with patients and the process for seeking consent are documented.
- Ensure all staff know how to use the defibrillator and all staff receive mandatory annual basic life support and safeguarding training.
- Ensure copies of recruitment and training files and immunisation records for all staff are kept on the premises.
- Ensure there is a cleaning schedule in place to ensure all equipment is cleaned.
- Consider carrying out practice patient surveys to continuously monitor feedback and identify areas for improvement.
- Ensure notices are available to inform patients of translation services available.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe; however the practice took immediate actions to make improvements.
- The practice did not have a defibrillator on the premises and had not carried out a risk assessment to mitigate the need to have one; however one was immediately ordered and was in place two weeks after our inspection, although staff had not completed training in its use.
- A Disclosure and Barring Service (DBS) check had not been carried out for the locum GP; however this was done shortly after our inspection.
- Three staff members had not received the appropriate level of safeguarding training and nine staff members required updates to basic life support training. However, all outstanding training was booked shortly after our inspection, to be completed in December 2015.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance. The quality of records varied but the practice took immediate actions to address this.
- Staff assessed capacity and promoted good health but did not always record consent and discussions with patients for all consultations in line with current legislation.
- Clinical audits demonstrated quality improvement.
- Staff regularly worked with multi-disciplinary teams to understand and meet the range and complexity of people's needs. Clinical meetings were held weekly.
- There was evidence of annual appraisals for all staff.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice similar to others for several aspects of care. Patients did not always have enough time during consultations with GPs and did not always feel involved in decisions about their care but the practice was aware of these issues and had implemented plans to make improvements.
- Comments from patients we spoke with were mostly positive. Patients said they were treated with compassion, dignity and respect.
- Feedback from a care home for which the practice provided care was positive about the standard of care received.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand but not easily visible and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- GPs and the nurse carried out regular home visits and visits to 32 patients living in a local care home.

Are services well-led?

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

Good



- It had a vision and a strategy and staff members were aware of this and their responsibilities in relation to this.
- There was a documented leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but one staff member was not aware of how to access them.

Summary of findings

- The practice held regular governance meetings and we saw that discussions and learning shared were documented.
- The practice had access to but did not keep recruitment and training files on the premises for three staff members; the practice told us this was due to a service level agreement (SLA) with another practice which kept those files and was responsible for recruiting and training those staff members.
- All staff had received inductions and regular performance reviews.

The practice had sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nationally reported data showed that the practice was performing above average for conditions commonly found in older people. For example, 100% of patients aged over 75 with a fragility fracture were being treated with a bone sparing agent.
- The practice was responsive to the needs of older people, and offered telephone consultations, longer appointments, home visits and rapid access appointments for those with enhanced needs.
- It provided health checks, flu and shingles immunisation for older people.
- The practice held regular multi-disciplinary team (MDT) meetings with palliative care specialists, health visitors, geriatricians, district nurses, social services representatives and community psychiatric services where health needs were discussed.
- The practice carried out Holistic Health Assessments (HHAs) which engaged patients in their own care and focused on general well-being and mental health, social care and wider social aspects of daily living. The MDTs and HHAs were used to create comprehensive care plans for older patients and patients needing end-of-life care.

People with long term conditions

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

Good



- All these patients had a named GP and structured care plan, and received structured quarterly reviews to check that their health and medication needs were being met. For those with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care. For example, the practice held virtual clinics with community based specialist teams for patients with various health conditions, to develop individualised care plans.

Summary of findings

- Nursing staff had lead roles in chronic disease management. The practice arranged for practice nurses to visit housebound patients to administer flu vaccinations, carry out diabetes and asthma health checks, blood pressure monitoring, blood tests and spirometry.
- The practice held a list of 94 patients at the highest risk of hospital admission and these patients were identified as a priority. Longer appointments, daily urgent appointments and home visits were available when needed.
- The practice ran regular diabetes, asthma, and flu vaccination clinics and offered smoking cessation and weight management advice. Five out of 16 patients on the practice's smoking cessation programme stopped smoking over a period of eight months.
- Nationally reported data showed that the performance was variable for diabetes indicators and in line with local and national averages for hypertension indicators.

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.
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. We were told children were prioritised for appointments.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors. The practice ran regular baby and ante-natal clinics to provide support and advice on all aspects of baby care and development. Childhood immunisation rates were in line with local averages.
- Performance for cervical screening tests was in line with the national average.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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. Sessions for blood tests were available on Wednesdays. Extended hours were available at the practice on Wednesday evenings for working patients who could not attend the practice during normal opening hours.
- 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.

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 including homeless people and those with a learning disability.
- The practice provided urgent access and longer appointments for these patients and held details of their carers. The practice had carried out a review for 12 out of 19 people registered with a learning disability over the previous seven months and 8 of these patients had received a health check.
- The practice had told 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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. It carried out quarterly health reviews for patients with poor mental health. There were 42 patients registered as having poor mental health and 91% of these patients had received an annual physical health check in the previous 12 months.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- There was a system in place to follow up patients who had attended Accident and Emergency (A&E) where they may have been experiencing poor mental health.
- Some staff had received training on how to care for people with enhanced mental health needs and dementia and all staff we spoke with demonstrated they understood their responsibilities relating to mental capacity.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. Four hundred and forty-five forms were distributed. There were 85 responses and a response rate of 19%.

- 89% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 74%.
- 91% find the receptionists at this surgery helpful (CCG and national average 87%).
- 66% with a preferred GP usually get to see or speak to that GP (CCG average 54%, national average 61%).
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).

- 91% say the last appointment they got was convenient (CCG average 90%, national average 92%).
- 74% describe their experience of making an appointment as good (CCG average 72%, national average 74%).
- 72% usually wait 15 minutes or less after their appointment time to be seen (CCG average 60%, national average 65%).
- 57% feel they don't normally have to wait too long to be seen (CCG average 52%, national average 58%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, all of which were positive about the standard of care received. Patients said they were happy with the care they received and found staff to be caring and respectful.

The Vale 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 second CQC inspector, a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to The Vale Surgery

The practice is based in the south London area of Streatham Vale. It is one of 48 GP practices in Lambeth clinical commissioning group (CCG) area. There are approximately 4735 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours, flu and pneumococcal immunisations and patient participation.

The practice has a larger than average population of patients aged between 20 and 39 years, and a higher than national and local CCG average representation of income deprived children and older people. Of patients registered with the practice, 83% are white, 9% are Asian, 4% are of mixed or other ethnic background and 4% are black.

The practice clinical team consists of two male GP partners, a long-term female locum GP, two part-time female practice nurses and a male health care assistant (HCA). The GP partners and nurses each worked eight sessions per week and the locum GP worked four weekly sessions. The whole time equivalent (WTE) for the HCA was 0.2. The practice is supported by a practice manager, an assistant practice manager and five administrative and reception staff.

The practice is open between 8:00am and 6.30pm Monday to Friday. Appointments are available from 9.00am to 12.00am and from 4.00pm to 6.00pm Monday to Friday. It offers extended hours Wednesday from 6.30pm to 8.00pm. The practice is closed at weekends and on bank holidays.

The premises are arranged over ground and first floors and include three treatment rooms on the ground floor. The practice has a reception area with seating, a lift and two wheelchair-accessible toilets with baby changing facilities.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to the out-of-hours service provided by a contracted OOH service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This practice had not been inspected prior to our inspection on 03 November 2015. We carried out this inspection to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 03 November 2015. During our visit we:

- Spoke with patients who used the service and a range of staff including the practice managers, nursing staff, receptionists, administrative staff and GPs.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks 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).

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports 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, the practice had recently called the police to deal with an aggressive patient. The incident was recorded and discussed at a practice meeting and records indicated the information was passed to other services as required.

When there were unintended or unexpected safety incidents, people 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

Systems, processes and practices in place to keep people safe were not always robust but the practice demonstrated it had taken immediate action to make improvements.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. GPs had received level 3 safeguarding training. Other staff had received training relevant to their role except three receptionists who had not been trained to level 1. This training was booked after our inspection, to be received in December 2015. All staff members we spoke with demonstrated they understood their responsibilities in relation to safeguarding.

- A notice in the waiting area and in all treatment rooms advised patients that a member of staff would act as a chaperone, 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. There was no cleaning schedule in place for re-useable equipment such as the spirometer and ear irrigator but the practice advised us that this would be implemented. The senior 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 all staff had received up-to-date training. An infection control audit was undertaken by the clinical commissioning group (CCG) in October 2015 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). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed 13 personnel files and found that appropriate recruitment checks had been undertaken for most staff prior to employment. These included proof of identification, two references, qualifications, immunisation records, registration with the appropriate professional bodies and DBS checks. A DBS check had not been sought for the locum GP. The practice told us the GP had provided a DBS certificate from their previous employer and that a new DBS check was carried within a week of the inspection.

Monitoring risks to patients

Are services safe?

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. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to emergencies.

- Basic life support training for seven non-clinical and one clinical staff members had lapsed in March 2013 and for another clinical staff member in June 2014. The practice manager advised us they had followed previous guidelines which stated that this training did not to be updated annually. We saw that all outstanding training had been arranged after our inspection, to be received in December 2015.
- The practice had did not have a defibrillator available on the premises and had not carried out a risk assessment to mitigate the need for one; however we saw that a defibrillator was ordered immediately and we were informed it was on the premises two weeks after our inspection. There was oxygen available with adult and children's masks. There was also a first aid kit and accident book 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, but one staff member told us they did not know where to locate it.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Systems for assessing needs and delivering care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines did not always operate effectively.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits but did not carry out random sample checks of patient records to ensure quality standards were being met.

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 91.6% of the total number of points available, with 5.9% exception reporting. This had decreased from the previous year's score of 94.5% with 3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was variable. For example 83% of patients with diabetes, on the register, had received the flu vaccine in the preceding 6 months which was worse than the clinical commissioning group (CCG) average of 90% and the national average of 94%. However, 76% of patients with diabetes had well-controlled blood sugar levels which was similar to the CCG average of 73% and national average of 77%.
- Performance for hypertension indicators was similar to CCG and national averages. For example, 82% of patients with hypertension had well-controlled blood pressure in the preceding 9 months (CCG average 82%, national average 85%).

- Performance for mental health indicators was similar to CCG and national averages. Ninety one per cent of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months (CCG average 86%, national average of 88%).
- 55% of patients diagnosed with dementia had a face-to-face review of their care in the preceding seven months.
- There were 11 emergency hospital admissions per 1,000 patients in the previous 12 months, which was better than the national average of 14.

Clinical audits were carried out to demonstrate quality improvement.

- There had been four clinical audits completed in the last two years, one of which was a completed audit on atrial fibrillation (AF, a heart condition) where the improvements made were implemented and monitored. Eleven patients who were identified as needing anti-coagulant therapy or referral for specialist treatment received appropriate treatment to manage their condition. The practice shared this learning with clinical staff in order to improve the management of AF and prevention of stroke in patients with AF.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements; the practice began an on-going text messaging campaign in October 2015 to encourage patients to attend for flu vaccination. Seventy additional patients had received the annual flu vaccine between October and November 2015 as a result of the campaign. In addition, the practice implemented a new computer system in 2013 which facilitated monitoring processes. The practice manager had recently searched for and identified six patients with diabetes and two patients aged over 75 years who had not attended the practice for 12 months. Six of these patients were invited to attend the practice for health checks. Two of the patients with diabetes had moved away.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening 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 these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training. Staff received training that included: safeguarding, fire procedures, basic life support, customer service, mental capacity and information governance awareness. Outstanding training had been planned.

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 test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital.

- We saw evidence that multi-disciplinary team meetings took place every three months and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff told us they 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.
- The process for seeking consent was not monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Five records we reviewed showed varied levels of detail relating to discussions with patients, examinations carried out and consent. The practice discussed this at a meeting shortly after our visit and advised us they had implemented an action plan for each GP to carry out regular audits of 25 randomly selected consultation records, to begin in November 2015 and March 2016, in order to ensure a high standard of record keeping. These records would be read-coded for auditing purposes.

- 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.

Health promotion and prevention

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 alcohol cessation. Patients were then signposted to the relevant service.
- Nursing staff provided advice on diet, weight management and smoking cessation. The health care assistant (HCA) had helped 31% of 16 patients to stop smoking over the previous seven months.

The practice had a system for ensuring results were received for every sample sent as part of the cervical

Are services effective?

(for example, treatment is effective)

screening programme. The practice's uptake for the cervical screening programme was 76%, which was comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to patients aged under two years ranged from 81% to 98% (CCG average 81% to 96%) and for five year olds from 74% to 97% (CCG average 83% to 96%).

The flu vaccination rate for the over 65s was 75%, and at risk groups 61%. These were comparable to and better than national averages of 73% and 52% respectively.

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 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 CQC patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eleven patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice. We also spoke with the manager of a local care home for which the GPs and nurses provided care for 32 patients and their feedback was positive about the standard of care received.

Results from the national GP patient survey published in July 2015 showed patients' satisfaction with how they were treated was variable. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 77% said the GP gave them enough time (CCG average 84%, national average 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 75% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

The practice told us they were aware of these issues and had arranged customer service training for all staff in April 2015. They had also carried out a monthly friends and family test (FFT) between March and September 2015 which showed that 85% of 94 patients surveyed would recommend the practice. All patients we spoke with 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. Feedback from the CQC comment cards we received aligned with these views.

Responses were more positive in the following areas:

- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Most patients told us that 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. One patient we spoke with told us their GP had not explained what a prescribed medication was for on one occasion.

Results from the national GP patient survey showed patients' responses to questions about their involvement in planning and making decisions about their care and treatment was worse than local and national averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments (CCG average 84%, national average 86%).
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).

Are services caring?

The practice manager advised us that there were plans in place to send all the GPs on a patient-specific customer care course in December 2015 to improve performance in these areas.

Staff told us that translation services were available for patients who did not speak English as a first language but we did not see notices in the reception or waiting areas informing patients of this.

Patient and carer support to cope emotionally with care and treatment

Notices in the reception area advised patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified six percent of the practice list as carers. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their GP contacted them or sent them a sympathy letter. 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, the practice commenced virtual clinics in agreement with the CCG in September 2015 to improve outcomes for patients with asthma, diabetes and chronic pulmonary obstructive disorder (COPD). The practice had not yet assessed the impact of these clinics at the time of inspection.

- The practice offered extended opening hours on Wednesday evenings for patients who were unable to attend the practice during normal working hours.
- A blood testing service was available from 8.30am to 11.00am Wednesday.
- There were telephone consultations and longer appointments available for patients who needed one. Home visits were available for older patients and patients with enhanced needs. Text reminders were used to avoid patients missing appointments.
- The GPs and nurses carried out visits to deliver care to care home residents on the practice register.
- Same day appointments were available for children and those with serious medical conditions.
- There were baby changing and disabled facilities, a hearing loop for patients with hearing difficulties and Braille signage for the toilets for patients with poor vision.
- Translation services were available. The practice had a large Tamil and Indian population and staff members were able to communicate with them in Sri Lankan and Singhalese Tamil and Urdu. The practice website had an automated online translation facility to help patients understand written information.
- The practice had a lift to improve access for patients with mobility problems.
- Staff received training on female genital mutilation (FGM) to enable them to recognise when patients may be at risk and to meet the needs of girls and women who had undergone FGM.

- The practice told us homeless patients, travellers and students were able to register as patients.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9.00am to 12.00am and from 4.00pm to 6.00pm daily. Extended hours surgeries were offered from 6.30pm to 8.00pm Wednesday. The practice was closed at weekends and on Bank holidays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, daily urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 89% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 74%).
- 74% patients described their experience of making an appointment as good (CCG average 72%, national average 74%).
- 72% patients said they usually waited 15 minutes or less after their appointment time (CCG average 60%, national average 65%).

Listening and learning from concerns and complaints

The practice had a 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 on the complaints procedure was available on the practice website. A complaints

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

protocol was displayed in the waiting area to help patients understand the complaints system but it was not clearly visible. We raised this with the practice and they took immediate action to display it more clearly.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice 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, however it was not displayed in the waiting area for patients to view.
- 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 in place; however not all staff knew how to access them.
- Staff had a good understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks. They were not always robust but we saw that the practice took immediate actions to improve this.

The practice had a service level agreement (SLA) with another GP practice whereby that practice agreed to provide some staffing for the managerial and health care assistant (HCA) roles. Recruitment and training files for these members of staff were kept at the other practice but practice managers had access to them.

Leadership, openness and transparency

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 that they were approachable and always took the time to listen to them.

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 also told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, they felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered 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 sought patients' feedback and engaged them in the delivery of the service.

- It had gathered feedback from patients through meetings with its active patient participation group (PPG) and through surveys and complaints received. The practice had responded to proposals from the PPG for better online access to appointments for patients by creating four additional daily online appointments since July 2014 and enabling a facility to cancel appointments online.

Are services well-led?

Good 

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

- It had also gathered feedback from a monthly friends and family test (FFT) from April 2015 but was yet to fully analyse the results.
- The practice had gathered feedback from staff through meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. All staff members told us they felt involved and engaged to improve how the practice was run. Some staff members told us they desired further training on the computer system to enable them to monitor and improve QOF performance. The managers told us they had discussed this with staff and implemented plans for further training.