

# Earl's Court 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?		Requires improvement	
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 Earls Court Surgery on 14 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, the practice had not proactively identified carers to offer them additional support.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Complete a written policy on safeguarding of vulnerable adults and arrange relevant formal training for all practice staff.
- Where telephone references are taken prior to employment, ensure these are fully documented in staff files.

# Summary of findings

- Ensure more clinical audits are completed through the full audit cycle where the improvements made are implemented and monitored.
- Review systems to improve the identification of carers and provide support.
- Advertise translation services are available.
- Consider putting on display within the practice for the benefit of patients and staff the practice's mission statement
- Arrange for clinical meetings to be minuted to provide an audit trail of discussion and agreed decisions and actions.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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. Although staff understood their responsibilities for safeguarding, there was no written policy on safeguarding of vulnerable adults and the majority of practice staff had not completed formal training in this area.
- The practice carried out pre-employment checks for all staff, although in one case references were taken by telephone and had not been documented.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) was incomplete because the practice was formed from two merged practices part way through the year. The merger had impacted on the data that was available and a number of patient outcomes were below average compared to the national average. However, the practice anticipated improvements in performance now that the practice was more firmly established following the merger.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although evidence was available of only one completed audit where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Current year appraisals were outstanding for administrative staff but arrangements were in hand for their completion.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as requires improvement for providing caring services as there was one important area where improvements should be made.

- The practice had not proactively identified patients who were carers to offer them additional support.

However, there were also examples of good practice.

- Due to the practice merger there was limited data available from the national GP patient survey. However, one of the GP partners had completed a patient survey which showed the majority of satisfaction scores were above average compared to nationally collected benchmark data. 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. However, information about translation services was not on display at the practice.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, one of the GP partners had presented a proposal to the CCG to pilot dance classes for patients as a way of reducing weight.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

**Good**



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- 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. The practice had a mission statement which was available on the practice website but was not on display for patients and staff at the practice.
- 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 clinical governance meetings. These meetings were relatively informal and the practice recognised that they needed to be minuted to provide documentary evidence of discussion and agreed decisions and actions. 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.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients in this group have a care plan and a named GP.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of older patients' needs and to assess and plan ongoing care and treatment.
- Routine immunisations including shingles, pneumococcal and flu are promoted and offered to this population group.

Good



### People with long term conditions

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

- The GPs led on chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes related indicators was below the CCG and national average for 2014/15. However, the practice anticipated improvements in performance now that the practice was more firmly established and also with the impending appointment of a practice nurse.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and structured annual reviews were carried out opportunistically 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



### Families, children and young people

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

Good



# Summary of findings

- 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.
- Due to the practice merger national comparative data was not available for childhood immunisation rates.
- The practice's uptake for the cervical screening programme was 62%, which was below the CCG average of 71% and the 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 and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The merged practice's new website went live on the day of our inspection and offered online services.
- The practice offered 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 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 patients experiencing poor mental health, those subject to domestic violence 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.

Good





# Summary of findings

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

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- QOF performance for mental health related indicators was similar to the national 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

Due to the practice merger there was limited data available from the national GP patient survey and no results which showed whether patients felt they were treated with compassion, dignity and respect. However, one of the GP partners had completed a patient survey to which 39 patients had responded. In each of the eleven questions for care and treatment, the satisfaction scores ranged from 91% to 100% and the majority were above average compared to nationally collected benchmark data.

The majority of the 23 patient Care Quality Commission comment cards we received were positive about the

service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There was one comment that reception staff appeared to be under more pressure since the merger and another observing that sometimes the waiting room was overcrowded.

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

# Earl's Court 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, a practice manager specialist adviser and an Expert by Experience.

## Background to Earl's Court Surgery

Earl's Court Surgery provides primary medical services through a General Medical Services (GMS) contract within the Royal London Borough of Kensington and Chelsea. The practice is part of NHS West London Clinical Commissioning Group and provides services from a single location to around 4,000 patients.

The practice was formed in December 2015 by the merger of two former CQC registered providers: Dr Sathanandaruby Parameshwaran, the former provider of the location at 269 Old Brompton Road, merged with, The Surgery, and become a partner of the newly formed practice. The provider, The Surgery, closed its previous location (called The Surgery – based close by at 32 Eardley Crescent) and took on the newly formed merged location to be called Earl's Court Surgery located at 269 Old Brompton Road.

At the time of our inspection, there were three full-time partner GPs (two female and one male) employed at the practice, providing a total of 27 GP sessions per week. The practice also employed a full-time practice manager, a health care assistant/senior administrator (1.0 whole time equivalent (WTE) and three reception/administrative staff (3.0 WTE).

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 9.30am to 1.30pm and from 2.30pm to 6.30pm daily. Extended hours appointments are offered between 6.30pm and 9.00pm on Mondays and Fridays. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are provided with details of the number to call.

Patients are also able to access GP services seven days a week from a nearby practice, under a new service launched by NHS West London Clinical Commissioning Group (CCG). Patients do not need to be a member of the practice to use the 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016.

During our visit we:

- Spoke with a range of staff (three GP partners, the practice manager, two receptionists/administrators and a healthcare assistant/senior administrator)) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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). The practice had a specific 'duty of candour' of policy.
- 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, following an incident when the vaccine storage fridge was left open, all practice staff were made aware of the incident and were reminded of the practice policy on maintaining appropriate temperatures and the need to ensure the fridge is securely closed at all times. As well as continuing twice daily fridge monitoring checks, an additional check was initiated after each clinic.

### 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. There was a comprehensive policy on safeguarding of children which was accessible to all staff. Staff had ready access to details on who to contact for further guidance if they had concerns about a patient's welfare. There

was no equivalent policy on safeguarding of vulnerable adults but the practice undertook to address this immediately following the inspection. Staff nevertheless had access to details of local safeguarding contacts. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities for safeguarding of both children and vulnerable adults. All staff had received child protection training relevant to their role. GPs were trained to Safeguarding Children level 3. The majority of practice staff had not completed formal training in safeguarding of vulnerable adults. However, the practice was putting arrangements in place to address this.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for or had received appropriate briefing 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. One of the GPs 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 clinical staff had received or arrangements were in hand to complete up to date training. Other staff had received basic instruction and briefing but arrangements were in hand for them to complete formal training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Action was ongoing in relation to the latest audit, for example to secure funding to replace flooring and taps.
- 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

## Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. In one case, references had been taken over the telephone and not recorded but the practice undertook to obtain written references to ensure the records were complete.

### 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 (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The COSHH assessment was due to be updated shortly.

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. The partners had reviewed staffing levels in the light of the increased patient list following the merger of the two practices and were in the process of recruiting a part time practice nurse.

### 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had informal 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, and audits.

### 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 68% of the total number of points available. However, a full year's performance was not available as the practice had only been formed in September 2015 following the merger of two separate practices, and the QOF performance reflected this. The yet to be published data for the most recent year's results was 89% of the total number of points available.

QOF data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average. 32% compared to 89%.
- Performance for mental health related indicators was similar to the national average 91% compared to 93%.
- Performance on a number of other indicators was lower than the national average but the formation of the practice part way through the year had impacted on this. The partners anticipated improvements in performance now that the practice was more firmly established and also with the impending appointment of a nurse.

There was evidence of quality improvement including clinical audit.

- Before the inspection we were sent examples of two clinical audits completed in the last year. One of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, and, and peer review..
- Findings were used by the practice to improve services. For example, as a result of a repeat audit of the prescribing of a medicine use mainly for the treatment of acne, for which there were potential safety issues, the number of patients prescribed the medicine reduced from 23 to four over a five year period. The patients who chose to remain on the medicine had been educated about the medicine and made fully aware of the side effects and risks.

### 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to 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. Due to the practice merger, appraisals for the last performance year had not yet been completed for administrative staff. However, the practice was due to complete these by October 2016. 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.



# Are services effective?

## (for example, treatment is effective)

- 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 computer 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 assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service.
- Patients were referred to a dietician for dietary advice and smoking cessation advice was available in a weekly clinic provided by the practice. All 207 patients identified as obese had been offered support. Of the 612 smokers who had been identified, 591 (97%) had been offered support.

The practice's uptake for the cervical screening programme was 62%, which was below the CCG average of 71% and the national average of 82%. The practice told us a number of patients had the test done privately and did not report back the results. The practice nevertheless anticipated an improvement in uptake with the impending appointment of a practice nurse and also new extended hours which would allow patients to attend at a more convenient time. 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. 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.

Due to the practice merger national comparative data was not available for childhood immunisation rates. The practice's own data showed childhood immunisation rates for the vaccinations given to under two year olds was 37% and and five year olds 46%.The practice anticipated improved rates now that the new practice was becoming more established.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

The majority of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There was one comment that reception staff appeared to be under more pressure since the merger and another observing that sometimes the waiting room was overcrowded.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Due to the practice merger there was limited data available from the national GP patient survey and no results which showed whether patients felt they were treated with compassion, dignity and respect. However, one of the GP partners had completed a patient survey to which 39 patients had responded. In each of the eleven questions for care and treatment, the satisfaction scores ranged from 91% to 100% and the majority were above average compared to nationally collected benchmark data.

### 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 also saw that care plans were personalised.

Results from the in-house patient survey were above average for satisfaction regarding the doctor's assessment of their condition and involvement in decisions about their care.

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 and a number of staff spoke different languages. However, there were no notices in the reception areas informing patients this service was available.

### 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 was not set up to alert GPs if a patient was also a carer and consequently the practice had not proactively identified such patients to offer them additional support as carers. Written information was, however, 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 support. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, one of the GP partners had presented a proposal to the CCG to pilot dance classes for patients as a way of reducing weight. The CCG had shown some interest in this and was considering whether to support the initiative.

- The practice offered extended hours clinics on a Monday and Friday evening from 6.30pm to 9.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, older patients and those with complex needs or mental health problems.
- There were care plans and an allocated GP for all older patients.
- 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 provided sexual health screening and education and supplied free condoms at reception.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 9.30am to 1.30pm and from 2.30pm to 6.30pm daily. Extended hours appointments were offered between 6.30pm and 9.00pm on Mondays and Fridays. 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.

Due to the practice merger there was limited data available from the national GP patient survey which showed patients' satisfaction with how they could access care and treatment. However, the data available showed satisfaction was comparable to local and national averages.:

- 92% of patients reported a good overall experience of making an appointment compared to the national average of 73%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them. Some patients mentioned they had experienced problems with the new telephone system but the practice told us that they had secured improvements to the system and it was now bedding down.

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.

If patients needed a home visit they were asked to contact the surgery before 10.30am and give one of the receptionists details to enable the doctor to judge whether a home visit was appropriate and the urgency of the patient's needs. Home visits were directed to the patient's own GP where possible. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a, summary leaflet available in the reception area and details on the practice's website.

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

We looked at the one complaint received in the last six months since the formation of the new practice. We found this was satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a

number of patients had complained about the new telephone system. The practice manager spoke with each patient, apologised for the problem and assured them that the matter would be dealt with immediately. The problems were subsequently resolved with the telephone company and patients informed of the outcome.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was not displayed in the waiting areas but was available to view on the practice website. Staff knew and understood the values.
- The practice had a strategy which reflected the vision and values and this was being developed further to bring full cohesion between the two merged practices.

### 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 and were available to all staff but these were being systematically reviewed and updated by the practice manager to reflect the merged practice.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous 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.
- The governance arrangements included weekly clinical meetings which were relatively informal. The practice recognised that these meetings needed to be minuted to provide documentary evidence of discussion and agreed decisions and actions. This would also help foster full cohesion between the two merged practices.

### 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 and practice manager 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). The practice had systems in place for knowing about notifiable safety incidents. . The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so
- Staff said they felt respected, valued and supported, by both the practice manager and the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG formed from the merged practice expected to meet regularly, carryout patient surveys and submit proposals for improvements to the practice management team. For example, the PPG had requested telephone

# Are services well-led?

Good 

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

appointments with patients' preferred GP and this had been implemented. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had applied to participate in the local integrated care pilot scheme, a multidisciplinary collaboration to support diabetic and elderly patients. In addition, one of the GP partners had presented a proposal to the CCG to pilot dance classes for patients as a way of reducing weight. The CCG had shown some interest in this and was considering whether to support the initiative.