Akerman Medical Practice

Quality Report

60 Patmos Road
London
SW9 6AF
Tel: 0203 049 6500
Website: www.akermanmedicalpractice.com

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Akerman Medical Practice on 15 August 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 except for where sharps boxes were located.
- 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.
- 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:

- Consider how best to engage and communicate with patients.
- Ensure that there is a robust system in place for the reviewing of repeat prescriptions.
- The practice should consider reviewing or carrying out a risk assessment of where sharp boxes are placed in consulting rooms.
- The practice should review results from the national GP patient survey to improve patient experience.

Summary of findings

- Consider how patients access a female GP.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of sharp boxes in consulting rooms.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice below others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice did not review data from the national GP patient survey, which reflected large variations in results compared to Clinical Commissioning Group and national averages.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- We received 10 patient Care Quality Commission comment cards and six were positive about the service experienced. Four were negative and related to difficulty in getting appointments, contrary to what patients told us on the day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- 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 sought feedback from staff and patients, which it acted on. There was no active Patient Participation Group (PPG), however the practice was in the process of setting one up, and had organised for a PPG open day to take place on September 12 2016 to inform patients of the group and to recruit members.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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.
- The Practice was signed up to Lambeth's Clinical Commissioning Group Holistic Health Assessments, which actively identified the care needs of older patients. The Holistic Health Assessments gave clinical staff a framework to talk through with patients, about what was important to them, engaging them in their own care and understanding what affected their health and wellbeing.

People with long term conditions

Good

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

- The salaried GP, and GP partner had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 75%, which was 5% below the CCG average and 5% below the national average. The exception rate for the practice was 7%, CCG was 9% and national was 12%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held virtual clinics with hospital consultants for those patients with diabetes, hypertension, asthma and chronic obstructive pulmonary disease (COPD), to develop robust care plans to prevent admission to hospital.

Summary of findings

Families, children and young people

Good

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 Accident and Emergency (A&E) attendances.
- Immunisation rates were in line with local and national averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 80% 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, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's predominate population group was people of "working age". The practice offered telephone consultations, on-line consultations, and appointments at the GP access hubs across Lambeth which offered appointments every day between 8am and 8pm.

People whose circumstances may make them vulnerable

Good

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, travellers and those with a learning disability.

Summary of findings

- For 2015/16, the practice had eight patients on the learning disabilities register, seven of whom (88%) had received an annual review.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- All of the nine of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and three survey forms were distributed and 76 were returned. This was a 19% response rate and represented 0.01% of the practice's patient list.

- 72% describe the overall experience as good which is comparable with Clinical Commissioning Group (CCG) average of 83% and a national average of 85%.
- 62% would recommend this surgery to someone new to the area compared with a CCG average of 79% and national average of 79%.
- 67% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards six were positive about the standard of care, GP's and reception staff. Four were negative and raised concerns about the appointment system.

We spoke with 13 patients during the inspection. Ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three reported difficulty in obtaining appointments.

Akerman Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Akerman Medical Practice

Akerman Medical Practice is a small practice based in between Brixton and Camberwell, in the borough of Lambeth. The practice list size is approximately 5013. The practice population is diverse, with a high number of patients from Spain, Portugal and Poland. Life expectancy for males in the practice is 78 years and for females 83 years. Both of these are in line with the CCG and national averages for life expectancy. The practice has a higher than average number of male and female patients aged between 20-39 years but a lower than average number of male and female patients aged 44-85. The practice is in the second most deprived decile.

The practice is purpose built and set out over one level on the 2nd floor. Facilities include four consultation rooms one treatment room and a patient waiting room. The premises are wheelchair accessible and facilities for wheelchair users include a lift, two accessible toilets and two parking spaces. There is a hearing loop for patients with hearing impairments. The practice also had a blood pressure, body mass index and weight machine in the waiting area. Within the building there is a dental practice, and midwifery, health visitor, sexual health and family planning services are available from other providers.

The staff team compromises of one male lead GP and one male salaried GP. The lead GP works six sessions a week, and the salaried GP works seven sessions a week. Other staff include one female practice nurse, a female health care assistant, a male pharmacist, two receptionists, a reception manager and practice manager, an apprentice and a summariser. This is a teaching practice.

The practice is open between 8.00am to 6.30pm Monday to Friday. It offers extended hours from 6.30pm to 7.30pm every Monday and Tuesday and 10.00am to 1.00pm every second and fourth Saturday a month. The practice offers 100% triage consultations (This is the process whereby before coming into the practice for a face to face consultation, the GP will discuss and assess the patient over the phone, then determine if the patient is required to come into the practice). Appointments are available from 9.00am to 1.00pm and from 2.00pm to 6.30pm. Appointments are also available during the extended hours from 6.30pm to 7.30pm. When the practice is closed patients are directed (through a recorded message on the practice answer machine) to contact the local out of hour's service. Information relating to out of hour's services is also available on the practice website.

The practice is registered with the Care Quality Commission (CQC) as an organisation to carry out the regulated activities of Surgical procedures; Treatment of disease, disorder or injury; Family planning; Maternity and midwifery services and Diagnostic and screening procedures. The practice has an Alternative Provider Medical Services (APMS) contract (APMS contracts are provided under Directions of the Secretary of State for Health. APMS contracts can be used to commission primary medical services from traditional GP practices).

Detailed findings

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.

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 15 August 2016.

During our visit we:

- Spoke with a range of staff including doctors, pharmacist, health care assistant, reception and administrative staff and spoke with 13 patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had received a medical device alert from the Medicines & Healthcare Products Regulatory agency. We saw evidence that this notification had been cascaded to relevant team members, and a read receipt attached to ensure the notification had been read.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 3 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice employed a pharmacist who was responsible for handling repeat prescriptions, the process did not cover patients who required repeat prescriptions for non-acute conditions, so there was no protocol to ensure they had their medicines regularly reviewed. For example we found the practice was re-issuing repeats as acute, as opposed to repeat prescription, the current process in place meant patients without acute conditions were not having medicine reviews. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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 (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to

administer vaccines and medicines against a Patient Specific Prescription or direction (PSD) from a prescriber. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on.
- Sharp boxes were place at a low level in all clinical rooms, which would be easy for a child to access. The practice had not conducted a risk assessment in relation to where sharp boxes were placed.

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.

Good

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 used an electronic clinical decision support system, which indirectly incorporated NICE guidelines, making them easily accessible to clinicians.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.6% of the total number of points available with 5.3% exception reporting compared with the Clinical Commissioning Group (CCG) average of 7.5% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 66% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%, with 6% exception reporting compared with the Clinical Commissioning Group (CCG) average of 9% and the national average of 12%
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 95% which was above CCG average of 90% and national average of 90%, with 3% exception reporting compared with the Clinical Commissioning Group (CCG) average of 5% and the national average of 11%.
- Performance for mental health related indicators was in line with the CCG and national averages for the number of patients who had received an annual review at 78% compared with CCG average of 85% and national average of 85%, with 6% exception reporting compared with the Clinical Commissioning Group (CCG) average of 6% and the national average of 13%.
- All of the nine patients with dementia had received annual reviews with no exceptions which was above the CCG average of 88% and national average of 84%.

  There was evidence of quality improvement including clinical audit.
- There had been four clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the practice carried out an audit looking at patients with Type 2 diabetes whose treatment was not optimised with first and second line medication. The audit included 19 patients and looked at whether they were receiving the correct medicines. In the first cycle in 2015, 10 out of 19 were on the correct medicine. When the audit was repeated in 2016 the number of patients on the correct medicines had increased to 15.

The practice participated in local audits, national benchmarking and accreditation. Benchmarking data was discussed at monthly CCG and locality meetings attended by the partner and data was shared during weekly clinical meetings and management meetings. There was evidence that the practice was clearly engaged with the CCG and local federations as they had a thorough awareness of their current performance and targets.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- 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. Induction checklists were always used for new staff.
- 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice supported an educational environment. They were registered as a teaching practice.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the nurse. For 2014/15, 34 patients were referred and there was a 44% successful quit rate.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% and the national average of 82%. The practice also did not have a female GP and had very reduced nursing hours two days a week. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using

Good

Are services effective?

(for example, treatment is effective)

information in different languages and for those with a learning disability. In spite of not having a female GP and with reduced nursing hours they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Flu immunisation rate for those over 65 for 2014/15 was 72% which was in line with the national average . Flu immunisation rates for at risk groups was 85% for 2014/15 which was in line with the national average. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 89% and five year olds from 86% to 91%. CCG/national averages for the same group were 81% to 95% and 83% to 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice also provided health checks for patients with learning disabilities. For 2015/16, the practice had eight patients on the learning disabilities register. Seven of these(88%) had received an annual check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

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.

All of the 10 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.

The practice did not have a functional Patient Participation Group (PPG): we were told that they would be holding an open day on the 12 September for the relaunch of the PPG and we saw signs advertising the group.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 67% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice was not reviewing the data from the national GP patient survey, they were aware they were not doing this.

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 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below average with local and national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Also the practice website could be converted into different languages.
- Information leaflets were available in an easy read format.

Requires improvement

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 98 patients as carers, which equated to 1.9% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had a carer's pack which detailed useful links and information. They also recently developed a new role (Primary care navigator) for one team member to be responsible for contacting all carers and signposting information directly to them.

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

Good

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.

- The practice offered a 'Commuter's Clinic' on a Monday and Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours, and also between 10.00am and 1.00pm on the second and fourth Saturday of each month.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for patients with disabilities, a hearing loop and translation services available.
- The practice was purpose built and had a lift to improve access for patients with mobility problems.
- Patients could see a male GP but there were no arrangements for patients who wanted to see a female GP.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. They offered extended hours from 6.30pm to 7.30pm every Monday and Tuesday and 10.00am to 1.00pm every second and fourth Saturday a month. The practice offered 100% triage consultations. Appointments were available to patients from 9.00am to 1.00pm and from 2.00pm to 6.30pm. In addition to pre-bookable appointments which could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 67% 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 not always able to get appointments when they needed them.

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.

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

  For example on the practice website, in the practice leaflet and we also saw a complaints poster in reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example there had been three written complaints and one verbal complaint. All of these were acknowledged in a timely manner, well documented, and satisfactorily handled In an open and transparent manner. For example a patient had made a complaint about staff attitude. The complaint was investigated in line with the practice policy. As a result of the investigation, the practice apologised to the patient and staff were given training in customer service and the complaint was discussed in the administrative team meeting.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partner and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partner 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 had gathered feedback from staff generally 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. The practice had gathered feedback from staff by having a designated notice board in the staff room, where staff were encouraged to add items to monthly team meeting agenda. There was a suggestion and incentive box for innovative working and a cash prize was offered to staff for innovative ideas. We were told the practice had scanners at reception to scan documents, such as

Are services well-led?

Good

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

requests for blood tests, or results from the weight, body mass index, blood pressure machine that was situated in reception, following an idea from a member of staff.

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 was part of a steering group which came up with innovative ways of reducing front line staff work load. This was an online and social media campaign developed with IT partners to increase sign ups and uptakes for EMIS access service. The practice incorporated a designated logo "Improving Patient Access in Primary Care" on all online communication, with practices using their database of practice emails they sent communication to all patients, the practice has already seen an increase in patients using EMIS to access and book appointments and access medical services. The practice has been involved in undergraduate teaching for year one to year five medical students from Kings undergraduate medical education in the community (KUMEC) programme and also the physician's associate programme from St Georges Medical School.