

# Cricket Green Medical Practice

## 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

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

# 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 Cricket Green Medical Practice on 18 December 2015. Overall the practice is rated as good

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Feedback from patients about their care was consistently and strongly positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. The local multi-disciplinary team attended the practice's monthly educational meetings in order that patients needs could be discussed. They had a strong relationship with their Patient Participation Group (PPG) and sought their views on all aspects of the running of the practice that impacted patients.

- The practice implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients and from the patient participation group.
- All staff had been trained as "health champions", which provided them with insight into difficulties encountered by patients, and enabled them to confidently participate in health promotion initiatives. Positive feedback was received from patients about the improvement to the service they received from reception staff following this training.
- 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and staff had the opportunity to contribute during an away-day.
- The practice had received the gold standard Investors in People award in December 2013, which recognised the success of its leadership approach.

We saw several areas of outstanding practice including:

# Summary of findings

- In response to feedback about the availability of appointments, the practice had introduced a new system whereby all consultations with adult patients were initially conducted by phone with a GP. During the consultation the GP would either resolve the patient's issue or arrange for them to be seen in person with an appropriate member of staff. The practice had analysed the impact of the new system and had found that it resulted in a significant increase in appointment availability. Patient feedback about the system was also very positive.
- All staff, including non-clinical staff, had been trained in health promotion, which enabled them to become involved in initiatives such as promoting COPD screening for smokers. This training also increased the awareness amongst non-clinical staff of difficulties encountered by certain patient groups, and we were told by the Patient Participation Group

that they, and the patients they had spoken to about the service, had noticed an improvement in the way that staff interacted with patients since having this training.

- The practice had introduced a comprehensive appraisal system for all staff (including GPs), which included a 360° feedback exercise.

However, there was one area of practice where the provider should make improvements:

- The practice should consider having all portable appliances tested by a qualified electrician, and should it decide that this is unnecessary, ensure that it has a comprehensive risk assessment and mitigation plan for this decision.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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.
- All staff (including non-clinical staff) were trained as “health champions”, which ensured they had the skills and confidence to distribute health promotion literature and tests to patients.
- There was strong evidence of appraisals and personal development plans for all staff. All staff, including GPs, participated in the practice’s internal appraisal system, which included 360° feedback.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people’s needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained their confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, they held a practice open day where they invited representatives from local charities and services. They also regularly liaised with community pharmacists, and scheduled meeting with the local multidisciplinary (including the mental health team, district nurses, palliative care team and social services) into their monthly education meeting.
- The practice used innovative approaches to provide integrated person-centred care. For example, patients with learning disabilities were reviewed annually and these reviews are available in the patient's home if required.
- The practice implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients and from the patient participation group (PPG). For example, the practice sought PPG feedback on proposed new policies and processes that would affect patients.
- People could access appointments and services at a time that suited them. The practice's policy of conducting all adult appointments by phone initially meant that many patients could consult with a doctor from home or work. The practice also provided both evening and Saturday morning appointments.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Outstanding



# Summary of findings

- It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders such as the PPG and was regularly reviewed and discussed with staff during away days.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. The Practice had achieved the Investors in People gold award.
- The practice gathered feedback from patients, and it had a very active patient participation group which influenced practice development. For example, the PPG were involved in reviewing and providing feedback on all draft policies which affected the delivery of patient care.

# 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- One of the partners had a dedicated day each week to concentrate on services for those over the age of 75, which included performing annual health checks, which were delivered during a home visit for those who were housebound.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's overall performance in relation to long-term conditions was largely comparable to, and in some cases significantly higher than, CCG and national averages. For example, QOF achievement for hypertension indicators was 100% (CCG average was 97% and national average was 98%), for asthma the practice achieved 96% overall (compared with 100% CCG average and 97% national average), and for osteoporosis the practice achieved 100% (compared to CCG average of 83% and national average of 81%).
- The practice's overall performance in relation to diabetes indicators was higher than both CCG and national averages at 92% of the total QOF points available, compared with an average of 86% locally and 89% nationally. In particular, the number of diabetic patients who had a blood pressure reading of 140/80 mmHg or less in the preceding 12 months was 90% (CCG average was 76% and national average was 78%); the number who had received influenza immunisation was 99% (CCG average 90%, national average 94%); and the number with a record of a foot examination and risk classification in the preceding 12 months was 91% (CCG average 89%, national average 88%).

Outstanding



# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Administrative staff had been trained as “health champions”, and were actively involved in promoting testing for chronic diseases such as Chronic Obstructive Pulmonary Disease (COPD).

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. A paediatric clinic was run daily.
- Cervical screening uptake at the practice was higher than the national average at 91% compared with 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Appointments for children by-passed the telephone consultation system and were always booked as face to face consultations.
- We saw good examples of joint working with midwives and health visitors.

Good



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

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

- The practice’s telephone consultation system allowed patients to consult with a doctor without having to take time off from work, and meant that any subsequent face to face consultation that was required would be booked with the most appropriate member of clinical staff, which avoided appointments needing to be re-booked.

Outstanding





# Summary of findings

- The practice offered a range of appointments outside of normal working hours, including appointments on Saturday mornings with both GPs and nurses.
- The practice offered a range of services that patients would often need to access via a hospital or clinic, for example, they provide HIV testing on the premises and testing for deep vein thrombosis (DVT).

## 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 those with a learning disability and those at risk of abusing their prescribed medicines.
- Annual health checks were carried out for people with learning disabilities, and these could take place in the patient's home if requested.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

- Staff had a good understanding of how to support people with mental health needs and dementia.
- 77% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to a CCG and national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their notes, compared to a CCG average of 92% and national average of 88%.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015. The results showed the practice was performing in line with local and national averages. Three hundred and sixty one survey forms were distributed and 116 were returned (a response rate of 32%).

- 66% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 91% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 88%, national average 92%).
- 75% described their experience of making an appointment as good (CCG average 66%, national average 73%).

- 66% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. Patients particularly commented on how efficient they found the new telephone consultation system. There were also positive comments about the cleanliness of the practice, and the professional and caring attitude of staff.

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

# Cricket Green Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Cricket Green Medical Practice

Cricket Green Medical Practice provides primary medical services in Merton to approximately 10,100 patients and is one of 25 practices in Merton Clinical Commissioning Group (CCG).

The practice is an outlier for several aspects of its demographic, including the deprivation score of its patient population which is 25, compared to a CCG average of 15. The deprivation score for the practice's child population is 33 (compared to a CCG average of 20) and for deprivation affecting older people the practice score is 25 (compared to a CCG average of 18).

The practice also has a higher proportion of patients with vulnerabilities which may result in a higher demand for services, for example, 54% have a long-standing health condition (CCG average 48%), 54% have health-related problems in daily life (CCG average 45%), 45% claim disability benefits (CCG average 29%), and 8.5% are unemployed (CCG average 5.8%). The practice has more than double the CCG and national average proportion of patients with a learning disability (0.89% of its total patient population compared to a CCG average of 0.32% and

national average of 0.44%) and almost double the proportion of patients with a mental health condition (1.42% of its total patient population compared to CCG average of 0.86% and national average of 0.88%).

The practice population of children aged under four and people aged between 25 and 39 is higher than national averages, and the proportion of people aged over 49 is lower than the national average. Of patients registered with the practice, the largest group by ethnicity are White British (51%), followed by Asian (21%), black (21%), mixed (5%), and other non-white ethnic groups (2%).

The practice operates from purpose-built premises. Patient facilities are split over two floors, with a lift available and disabled toilet facilities on both floors. The practice has access to six doctor consultation rooms and three nurse consultation rooms. The practice team at the surgery is made up of seven full time GPs plus two full time registrars. There are three partners, all of whom are male, plus one male salaried GP and three female salaried GPs. In addition, there are three female practice nurses and one female healthcare assistant. The practice team also consists of a practice manager, and eleven administrative and reception staff members.

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

The practice operates an appointment system which involves an initial telephone consultation with a GP, with the facility for a face-to-face appointment to be booked with a doctor or nurse if necessary. The surgery is open for patients to call to request a GP call-back between 8am and

# Detailed findings

6.30pm Monday to Friday. GPs conduct telephone consultations between 8am and 11am and then as required during the afternoon, and face-to-face appointments are held throughout the time that the practice is open. Extended hours appointments are available until 7.30pm on Mondays and Tuesdays, until 6.30pm on Wednesdays and until 7pm on Thursdays. It is also open for GP and nurse appointments from 9am to 12noon on Saturday mornings.

When the practice is closed, out of hours care is provided by the locally agreed out of hours provider.

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

The practice has been previously inspected under the old inspection approach on 20 May 2014, and was found to be compliant in all areas.

## Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 December 2015. During our visit we:

- Spoke with a range of staff including partner and salaried GPs, practice nurse, practice manager, reception staff, secretarial and administrative staff, and spoke with patients who used the service and representatives of the Patient Participation Group (PPG).
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where it was identified that a patient was receiving statin scripts without having received a recent medication review, the practice met with the area pharmacist to review the process for repeat prescribing, and practice staff were then briefed on the new process.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, 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. Clinical waste was stored in a locked shed in the carpark which also housed the practice's standard waste bins. We observed that the clinical waste bin was not locked and was overflowing, and whilst the bin was not accessible to the public, this could pose a risk to individuals who had to enter the area to collect and empty the bins. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked closely with local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two personnel files and found that 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. However, we noted that in both cases, only one reference had been received, which was in breach of the practice's recruitment policy.

### 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 displayed. The practice had up to date fire risk

## Are services safe?

assessments and carried out regular fire drills. All electrical equipment was visually checked by a member of staff to ensure the equipment was safe to use and the practice had taken advice and made the decision not to employ an electrician to perform Portable Appliance Testing, however, they had not risk assessed this decision. 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Arrangements were in place to ensure that the practice could source locum GP cover at short notice and this was evidenced on the day of the inspection when a locum GP was covering the surgery of a GP who had called in sick at short notice.

### **Arrangements to deal with emergencies and major incidents**

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

- There were panic buttons under the desks 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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. All safety alerts were kept in a folder on the practice's computer system, and we saw evidence of alerts being discussed in monthly educational meetings, where minutes were taken and sent to all staff following the meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, we viewed the practice's action plan for reducing antibiotic prescribing which was developed following a benchmarking exercise where the practice compared themselves to other practices in the CCG. The practice also hosted regular educational sessions for other local practices, which included reviews of current guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 96% of the total number of points available, with 9.6% exception reporting. Data from 2014/15 showed:

- The practice's overall performance in relation to diabetes indicators was higher than both CCG and national averages at 92% of the total QOF points available, compared with an average of 86% locally and 89% nationally.
- The percentage of patients with hypertension with a blood pressure reading of 150/90 in the preceding 12 months was 81% compared to a CCG average of 82% and national average of 83%.

- Performance for mental health related indicators were in line with the CCG and national average at 96%, compared to 94% for the CCG and 93% nationally.
- 77% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to a CCG and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included the formation of a practice project to increase the number of pre-diabetic patients being identified and receiving regular blood tests. The impact of this will be assessed once a re-audit is completed. An audit of inadequate smear tests had been undertaken to try to identify the reason for inadequate samples being taken (although, the numbers of inadequate samples was not high), and the results were used as the basis for an educational session in a clinical education meeting, with a further audit scheduled.
- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support



# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. A selection of care plans were reviewed and noted to be particularly detailed. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings were scheduled into a specific section of the monthly team meeting and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). All staff, both clinical and non-clinical had received recent MCA and Deprivation of Liberty safeguards training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity

to consent in line with relevant guidance. All staff (including non-clinical staff) had completed Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training in the past year.

- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- All staff at the practice had completed the Royal Society of Public Health Level 2 Award in Applied Health Improvement. This enabled all staff to act as Health Champions, which included providing staff with enhanced interpersonal skills, as well as equipping them to speak to patients about aspects of health improvement and direct them to sources of advice. Patient feedback via the PPG about the difference in the way that staff interacted with patients following the training was overwhelmingly positive. One particular initiative that reception staff were involved in was using information on the computer system to identify smokers when they booked in for an appointment, and then handing out chronic obstructive pulmonary disease (COPD) screening cards to these patients and explaining to them why it would benefit them to have their COPD risk assessed. This resulted in an increase in COPD diagnosis, with the practice having a patient population of 1.92% diagnosed with COPD, compared to a CCG average of 1.14% and national average of 1.82%.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme and an audit had been completed to review inadequate samples. The practice's uptake for the cervical screening programme was 91%, which was better than the national average of 82%. There was a dedicated member of the reception team who was responsible for

## Are services effective? (for example, treatment is effective)

contacting patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 97%, compared to a CCG average ranging from 86% to

94%, and five year olds from 73% to 87%, compared to a CCG average ranging from 66% to 90%. Flu vaccination rates for the over 65s were 61%, and at risk groups 39%. These were slightly below national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people dignity and respect.

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

All of the eight patient CQC 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. Four of the cards particularly mentioned how well the new appointment system worked.

We also spoke with three members of the patient participation group. They also told us they were happy 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.

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

- 88% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 82%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

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

Patients told us that they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients as being carers, which represents approximately 1.5% of the practice list. Written information was available to direct carers to the various avenues of support available to them and the practice's healthcare assistant acted as the practice "carers' champion".

## Are services caring?

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had undertaken a complete overhaul of its appointments system in order to ensure that they provided services in a way that was accessible, convenient, and efficient.

- The practice offered a 'Commuter's Clinic' for both GP and nurse appointments on a Monday and Tuesday evening until 7.30pm, on a Thursday until 7pm and on Saturday mornings from 9am to 12 noon for working patients who could not attend during normal opening hours. The practice also conducted all initial consultations by telephone, which allowed working patients to speak to a GP without needing to take time off from work.
- There were longer appointments available for people with a learning disability and home visits for annual health checks for people with learning disabilities were also offered to ensure that as many patients as possible had appropriate checks completed.
- Home visits were available for older patients, patients who would benefit from these, and one of the GPs had a dedicated day each week to concentrate on providing health checks to people who were over the age of 75.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled toilet facilities.
- Language translation services were available.
- All staff were trained as "health champions" which ensured that they had the skills to engage patients with a variety of needs, and that they were confident to promote health promotion initiatives.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with additional appointments on a Monday, Tuesday and Thursday evening and Saturday morning. All requests for appointments were passed to GPs, who called the patient back and provided a full consultation over the phone. If, as a result of the telephone consultation, it was identified that a face to face consultation was required with

either a GP or nurse, this was then booked in either as an urgent same-day appointment, or as a routine appointment for an appropriate time in the future. The scheduling of appointments was relative to the clinical urgency, with an average of 80% of consultations scheduled for within 24 hours of the telephone consultation.

This system was shown to have several benefits, the first being the convenience to patients – approximately 60% of telephone consultations resulted in a face to face consultation being required, which meant that approximately 40% of patients had their problem fully dealt with by telephone, which they could do from work or home, so they did not need to take time out to attend the surgery. The second benefit was in optimising resource – the practice offered 15 minute face to face consultations; prior to the introduction of the telephone consulting system, an average of 336 GP appointments per week were carried-out at the practice compared to a demand of 515. Under the new system, a total of 523 consultations were carried-out per week, which represented a 55% increase. The third reported benefit was that the telephone consultations allowed GPs to appropriately prioritise appointments and to schedule patients to see the most appropriate member of staff (e.g. arranging for patients to see a nurse, or scheduling less complex cases to see the registrar).

Following the implementation of the new system, patient satisfaction has significantly improved, with 78% of patients saying that they would recommend the surgery, an increase of 13%.

Following feedback from patients when the new appointment system was introduced, appointment requests for children bypassed the telephone consultation process and were automatically scheduled for face-to-face appointment.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local average and comparable with the national average. People told us on the day that they were were able to get appointments when they needed them.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 66% patients said they could get through easily to the surgery by phone (CCG average 60%, national average 73%).
- 75% patients described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 66% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55%, national average 65%).

## 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. Leaflets were available for patients in the waiting area, and information about making a complaint was available on the practice's website.

The practice had received 10 complaints since 1 April 2015. We looked at two complaints in detail and found that in both cases they were dealt with in a timely way, a full response was provided to the complainant, and there was evidence of the practice having reflected on lessons learned. All complaints were discussed in the monthly educational meetings to ensure that any learning is shared.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values, and could demonstrate how they applied these to their work.
- The practice had a robust strategy, which was developed with input from all staff, 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.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. All staff attended monthly practice meetings, and we received positive feedback from staff about the value of these meetings.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held monthly team meetings during which the first section was for all staff, and then individual teams broke off to discuss team/role specific issues.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days were held every 3 years with the purpose of allowing all staff to feed into the development of a revised strategy.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had achieved the Investors in People gold award, which recognised the success of its leadership approach.

### 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys

# Are services well-led?

Outstanding



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

and submitted proposals for improvements to the practice management team. For example, the PPG told us that the practice asks them to review the drafts of all new policies that affect patients and that their suggestions are incorporated into the final draft.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. All staff, including GPs, were included in the practice's internal annual appraisal process (this was in addition to the annual professional appraisal undertaken by GPs). The appraisal process included 360° feedback which was conducted by an external advisor, who met with each member of staff to provide a summary of the feedback gathered; this was then used as part of the appraisal meeting between each individual and their manager.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was the first in the local area to include an in-house psychiatry service, which enabled patients with poor mental health to receive a joined-up package of care.

The practice had also ensured that all staff, both clinical and non-clinical, had the skills and confidence to engage with patients, for example, by all staff being required to attend MCA and DoLs training. Training all staff as "health champions" was also a unique feature of the practice, and one that maximised the opportunities for health promotion amongst patients. The practice also showed a commitment to ensuring that all staff felt valued by management, and this was particularly evident by the inclusion of the 360° feedback in the appraisal process.

## Continuous improvement