

Lambton Road Medical Partnership

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lambton Road Medical Partnership on 12 April 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and timely mandatory training.
- 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.

- The practice were aware of the needs of the local population and had tailored services to reflect this.
- Information about services and how to complain was available and easy to understand, however it was not always clear whether improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not always find it easy to make an appointment with a named GP however urgent appointments were available the same day and those requiring urgent medical attention were seen.
- 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, however there was no policy outlining the responsibilities of the practice in relation to this.

We saw two areas of outstanding practice:

- The practice provided the over 75s with an information pack which included a booklet produced in

Summary of findings

conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

- The practice employed an in-house pharmacist to assist with medication reviews, who specifically focussed on a review of prescribing for practice patients in a local nursing home.

The areas where the provider must make improvement are:

- Ensure that all staff receive updated mandatory safeguarding training relevant to their role.
- Ensure that staff have access to annual basic life support training in line with recommended guidance and ensure that all staff are adequately trained in fire safety.

In addition the provide should:

- Consider reviewing the significant event and incident reporting procedure to ensure there is a documented process for all staff to follow.

- Ensure that robust systems are in place for staff to act where the refrigerator temperatures fall outside of the required range.
- Ensure that recruitment arrangements include all necessary employment checks for staff.
- Ensure that information is easily accessible for patients in patient areas to signpost them to support organisations and to adequately inform them about services available.
- Ensure that the practice has robust systems in place to be able to identify and support all patients acting as carers.
- Ensure that robust processes are in place for patient confidentiality for staff working between organisations.
- Ensure that the practice reviews its complaints policy and that robust systems are in place to improve quality of care from complaints received.
- Ensure that the practice has a duty of candour policy in place.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- 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 but they were not always clearly cascaded to staff.
- Although there was no duty of candour policy in place, 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 a number of embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed with the exception of thorough recruitment checks, monitoring of vaccine refrigerator temperatures and timely access to mandatory training for staff.

Requires improvement



Are services effective?

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 local and national averages.
- 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 most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information about the services available was easy to understand, however it was not always easily accessible for patients.
- Patients had access to psychological therapy and bereavement services within the practice premises.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered a range of services to reflect the needs of the population.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they did not always find it easy to make an appointment with a named GP, however urgent appointments were available the same day and those requiring urgent medical attention were seen.
- Information about services and how to complain was available and easy to understand, however it was not always clear whether improvements were made to the quality of care as a result of complaints and concerns.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Not all staff were aware of the practice's vision or mission.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour, however there was no policy outlining the responsibilities of the practice in relation to this. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The 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 had a dedicated telephone line between 10am and 12pm named the 'Blue Star Line' for patients aged 75 and over or those on the practice's avoiding unplanned admissions register, to ensure swift access to appointments.
- The practice employed an in-house pharmacist to assist with medicine reviews, who specifically focussed on a review of prescribing for practice patients in a local nursing home.
- The practice provided the over 75's with an information pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

Good



People with long term conditions

The practice is rated as good 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 provided an in-house anticoagulation monitoring service for practice patients.
- Longer appointments and home visits were available when needed.
- Performance for diabetes related indicators was in line with averages. For example, 78% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 78%.
- The number of patients who had received an annual review for diabetes was 95% which was above the CCG average of 89% and national average of 88%.

Good



Summary of findings

- 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.

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 Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82% which was comparable to the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%.
- A full range of family planning services were provided by the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The 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 offered extended hours from Monday to Thursday in the evening in addition to Saturday morning, to meet the needs of their working-age population who were not able to attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice were based in a local health centre and patients were conveniently able to access a phlebotomy service within the same premises.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Of 21 patients on the practice's learning disability register, 14 patients had received a health check in 2014/15 which was 67%.
- 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.

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).

- Performance for mental health related indicators was above the CCG and national averages for the number of patients who had received an annual review at 96%; compared with Clinical Commissioning Group (CCG) average of 92% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 94% which was above the CCG average of 84% and national average of 84%.
- The practice hosted a weekly psychological therapy service and also a weekly bereavement counselling run by a voluntary organisation. This was available to patients from across Merton CCG.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- 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 on 7 January 2016. The results showed the practice was performing above and in line with local and national averages. Three hundred and thirteen survey forms were distributed and 105 were returned. This represented 0.006% of the practice's patient list.

- 90% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 79% and a national average of 85%.
- 83% would recommend this surgery to someone new to the area compared with a CCG average of 72% and national average of 78%.
- 62% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 36% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 49% and a national average of 59%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 88% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.

- 61% describe their experience of making an appointment as good compared with a CCG average of 65% and a national average of 73%.
- 63% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 56% and a national average of 65%.
- 56% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 54 comment cards which were mostly positive about the standard of care received. Patients felt that they received an excellent service from nurses and GPs and that reception staff were very helpful. Patients felt that staff took the time to listen to them and staff were supportive and attentive to their needs. Some patients did report, however, that obtaining an appointment ahead of time, with a preferred GP and getting through on the telephone was difficult.

We spoke with eight patients during the inspection and one member of the Patient Participation Group (PPG). All patients said they were very happy with the care they received and thought staff were approachable, committed and caring. NHS Friends and Family Test results for June 2015 to April 2016 showed that on average 93% of patients would recommend the practice.

Lambton Road Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lambton Road Medical Partnership

Lambton Road Medical Partnership provides primary medical services in Merton to approximately 17500 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). The practice population has grown steadily from 14000 patients in 2013, when two local practices merged to form Lambton Road Medical Partnership.

The practice population is in the least deprived decile in England. The practice population has a lower than average representation of income deprived children and older people. The practice population of children and the number of older people registered at the practice is in line with local and national averages. The practice population of those of working age is also in line with local and national averages at 67%, however of those of working age, specifically patients between the ages of 30-44 are higher than local and national averages. Of patients registered with the practice, approximately 80% are White or White British, 14% are Asian or Asian British and 6% are Black or Black British.

The practice operates from purpose built health centre that opened in 2013. The Practice is based on the first floor with

lift access. All consulting rooms and patient areas are wheelchair accessible. The practice has access to 12 doctors' consultation rooms, four nurses' consultation rooms and one treatment room. The practice also has some administrative offices on the second floor. The practice team at the surgery is made up of two part time female GPs who are partners, one part time male GP who is a partner, nine part time female salaried GPs and one part time male salaried GP. The total number of GP sessions per week is 54. The nursing team consists of three part time female practice nurses, one part time male practice nurse and a part time female health care assistant. The non-clinical team includes a practice manager and an assistant practice manager supported by an office manager, five administrative staff and 18 reception staff members. The practice team also includes an IT support worker, an operations manager and a pharmacist who work between Lambton Road Medical Partnership and another provider organisation linked to the partnership in a neighbouring CCG.

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 is a training practice for trainee GPs and provides teaching for medical students.

The practice reception and telephone lines are open from 8am to 8pm Monday to Thursday, 8am to 6.30pm on Friday and 9am to 1pm on Saturday. Appointments are available between 8.30am and 12pm every morning and 3pm and 5.30pm every afternoon. Extended hours surgeries are offered from 6.30pm to 8pm Monday to Thursday and 9am

Detailed findings

to 1pm on Saturday. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and at weekends and directs patients to the out-of-hours provider for Merton CCG.

The practice is registered as a partnership of seven partners with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning services, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. The seven partners are also registered with the Care Quality Commission as another provider organisation to provide regulated activities in another CCG area and the two partnership organisations are linked.

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 12 April 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager, office manager and administration and reception staff.
- We spoke with eight patients who used the service and one member of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 54 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the office manager or practice manager of any incidents and there was a recording form available on the practice's computer system that was completed by the relevant manager or by a clinician.
- The practice did not have a documented incident reporting procedure for staff to refer to and there were some incidents that had occurred that had not been recorded as significant events.
- However there was evidence that the practice carried out a thorough analysis of significant events and held significant event meetings every six months.
- The practice manager and office manager met weekly to discuss any issues or incidents that had arisen and incidents were shared with staff during clinical meetings and administrative meetings. However, learning points and actions were not always disseminated clearly to staff or clearly recorded.
- There was evidence that complaints were also treated as significant events where relevant.
- 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had an adequate system in place to improve safety from patient safety and medicine alerts although there was no formal record of action taken as a result.

There was evidence that there was some learning and improvement from significant events to improve safety in the practice, for example an incident occurred where a patient cancelled an appointment where they were due to receive a high risk medicine and this was not followed up. The practice implemented a system to ensure alerts were placed on all patient records due to receive this medicine and reception staff were trained to send a screen message

to alert any clinician if an appointment for one of these patients was cancelled. Following a clinical incident regarding delayed diagnosis of a skin condition the practice arranged for an education event to improve awareness of dermatological conditions.

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. The majority of staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nursing staff to at least level 2. One nurse and some non-clinical staff had not received updated safeguarding training at the time of the inspection. However, all staff spoken with demonstrated they understood their responsibilities, knew the practice safeguarding procedure and knew where to locate safeguarding information and contact numbers if required.
- 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 most had received a Disclosure and Barring Service (DBS) check. Some staff who were chaperone trained were awaiting DBS clearance before commencing chaperone duties. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy with supporting procedures in place. Not all staff had received up to date

Are services safe?

training in infection control. However staff we spoke with understood their responsibilities in relation to infection control. One infection control audit had been undertaken in April 2016 and we saw evidence that action was taken to address any improvements identified as a result. The audit had also identified that more training was required for staff and the practice were in the process of acting on this.

- 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). From reviewing the records of refrigerator temperatures over the last four months for two refrigerators, temperatures were recorded daily, however there had been five instances where the temperature had gone just above the recommended range. It was not clear what action had been taken as a result of this. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (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 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.)
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment for four staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice did not have photo identification and evidence of indemnity for one of the practice nurses and only one reference had been obtained. There was also only evidence of signed confidentiality agreements in two of the five personnel files examined.
- The practice employed a small number of staff working across two provider organisations owned by the partners, including Lambton Road Medical Partnership.

Staff included an operations manager, an information technology support worker and a pharmacist. The practice told us that there were no signed confidentiality agreements in place for these staff.

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 and we saw that the practice were in the process of completing a health and safety risk assessment.
- The practice had up to date fire risk assessments and carried out regular fire drills. However, some staff had not received fire safety training.
- 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 the control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, however the practice reported that they did not have adequate GP staffing currently and they were looking to recruit more salaried GPs. The practice used locum GP staff if needed but these staff were previously known to the practice as locums or registrars to ensure safety and continuity for patients.

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.

Are services safe?

- Most clinical staff received annual basic life support training, however one of the GPs last had training in October 2014. Non-clinical staff received basic life support training every three years which was not in line with recommended guidance.
- 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. The practice had a full range of emergency medicines available and all the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates. We found that care plans were used for a range of long-term conditions and also for vulnerable patients, such as those at risk of admission to hospital. From records we viewed, the practice were using patient-centred and holistic care planning in order to fully identify patients' needs.

The GPs and practice nurses had identified roles for leading in long-term conditions such as diabetes, dementia and chronic obstructive pulmonary disease (COPD).

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 98.9% of the total number of points available with 5.3% exception reporting. (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 in line with averages. For example, 78% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 73% and the national average of 78%.
- The number of patients who had received an annual review for diabetes was 95% which was above the CCG average of 89% and national average of 88%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 96% which was above CCG average of 93% and national average of 90%.
- Performance for mental health related indicators was above the CCG and national averages for the number of patients who had received an annual review at 96%; compared with the CCG average of 92% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 94% which was above the CCG average of 84% and national average of 84%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits undertaken 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, following an audit reviewing patients with atrial fibrillation (a heart condition), the practice had improved the management of these patients by organising an education meeting to improve awareness of prescribing oral anti-coagulants. The re-audit showed that more patients were being prescribed the appropriate medicines in line with recommended guidance.
- The practice had also conducted mandatory audits reviewing antibiotic prescribing. The practice were initially not performing within the required targets but demonstrated improvements in prescribing practice following the re-audit.
- The practice had also conducted a range of other audits including a review of cervical cytology results.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Benchmarking data was discussed at monthly CCG and

Are services effective?

(for example, treatment is effective)

locality meetings attended by the lead partner. Minutes were shared with clinical staff. There was evidence that the practice were clearly engaged with the CCG and 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.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Staff received update training that included: safeguarding, fire procedures, basic life support and information governance awareness, although some staff had not received update training at the time of inspection. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff had training in the Mental Capacity Act 2005.
- 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. There was a wide skill mix amongst clinical staff, including GPs specialising in cryotherapy and joint injections, family planning and women's health.
- 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. Practice nurses were also trained to provide anti-coagulation monitoring and smoking cessation.
- 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 apart from a practice nurse had received an appraisal within the last 12 months.

- The practice was registered as a training practice for trainee GPs and provided teaching for medical students. All the GP partners were GP trainers and one of the partners was a senior lecturer at a local medical school.

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. The practice had a robust communication system with the local out of hours service.

Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. For example, meetings with the palliative care team, social worker, community physiotherapist and district nurses took place on a monthly basis and comprehensive minutes were kept. The practice also met every quarter with the local community mental health team. The practice clinicians met every two weeks but they also met daily to discuss complex cases and referrals which particularly benefited the trainee GPs. The practice looked after a local nursing home and provided two sessions per week to ensure co-ordinated patient care.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those with a learning disability. Patients were signposted to the relevant service.
- A health living advisory service was available on the premises and smoking cessation advice was available from this service and from practice nurses.

The practice's uptake for the cervical screening programme was 82% which was comparable to the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 and screening rates were in line with CCG and national averages. The practice promoted chlamydia screening and 36% of those eligible had been screened in 2014/15.

Childhood immunisation rates for the vaccinations given were above average or in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 96% and five year olds from 73% to 95%.

Seasonal flu immunisation rates for those over 65 and those in at risk groups were in line with national averages at 73% and 47% respectively. Of those with diabetes, 91% had received the flu immunisation.

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. The practice had a learning disabilities lead GP. Of 21 patients on the practice's learning disability register, 14 patients had received a health check for 2014/15 which was 67%. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 54 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with eight patients and one member of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients felt that staff were supportive of their needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line or above averages for its satisfaction scores on consultations, particularly with GPs. For example:

- 90% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 79% and a national average of 85%.
- 97% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 88% said the nurse was good at listening to them compared to the CCG average of 87% and national average of 91%.
- 88% said the nurse gave them enough time compared to the CCG average of 88% and national average of 92%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and national average of 97%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.
- 73% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

Are services caring?

The practice provided some 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.
- Information leaflets were available in easy read format. The practice provided patients with information packs relevant to their needs during consultations, for example pregnancy and new mother packs and information packs for those over 75.

Patient and carer support to cope emotionally with care and treatment

There very limited patient information available in the form of leaflets and notices in the patient waiting area, to signpost patients to support groups and organisations.

There was some information in the practice leaflet and on the website. The majority of information was provided to patients via information packs as required. The practice hosted a local psychological therapies service once weekly.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers (0.006% of the practice list). The practice provided identified carers with carers information packs which were available on request or during consultations, which directed carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a thorough awareness of their local population. The practice had 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 to ensure they were tailored to patients' needs. For example:

- A health living advisory service provided weight management sessions to patients from across the CCG area, in the practice premises.
- The practice hosted a weekly psychological therapy service and also a weekly bereavement counselling run by a voluntary organisation. This was available to patients from across Merton CCG.
- The practice were based in a local health centre and patients were conveniently able to access a phlebotomy service within the same premises.
- The practice provided an in-house anticoagulation monitoring service for practice patients.
- Patients were able to receive travel vaccinations available on the NHS and those available privately.
- The practice were part of a pilot scheme for patients from across the CCG to provide cardiac monitoring in 2015/16, They worked jointly with a local hospital and provided room in the practice premises for the 12 week pilot to be carried out. The practice told us this was popular with patients of working age.
- The practice employed an in-house pharmacist to assist with medication reviews, who specifically focussed on a review of prescribing for practice patients in a local nursing home.
- A full range of family planning services were provided by the practice, in addition to joint injections and cryotherapy.
- Same day and emergency appointments were available with a GP daily for children and those with serious medical conditions. The practice were able to provide some emergency appointments where appropriate, during extended hours to ensure continuity of care for patients.

- The practice offered extended hours from Monday to Thursday in the evening in addition to Saturday morning, to meet the needs of their working-age population who were not able to attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had a dedicated telephone line between 10am and 12pm named the 'Blue Star Line' for patients aged 75 and over or those on the practice's avoiding unplanned admissions register, to ensure swift access to appointments.
- There were longer appointments available for vulnerable patients including those requiring translation services and those with a learning disability.
- There were translation services available for those with language barriers and the practice had a hearing loop installed.
- There were disabled facilities available and all consultation rooms were on the first floor of the health centre, accessible via stair or a lift.
- There was limited information in patient areas about clinics, services and support groups available, although information packs were provided to patients where appropriate and during consultations. One of these was an over 75's pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

Access to the service

The practice reception and telephone lines were open from 8am to 8pm Monday to Thursday, 8am to 6.30pm on Friday and 9am to 1pm on Saturday. Appointments were available between 8.30am and 12pm every morning and 3pm and 5.30pm every afternoon. Extended hours surgeries were offered from 6.30pm to 8pm Monday to Thursday and 9am to 1pm on Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 75%.
- 62% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 61% describe their experience of making an appointment as good compared with a CCG average of 65% and a national average of 73%.
- 88% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 63% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 56% and a national average of 65%.
- 36% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 49% and a national average of 59%.

Most people told us on the day of the inspection that they were not always able to get appointments when they needed them. Patients reported difficulties with getting through on the telephone, difficulty with seeing a preferred GP, delayed appointments and difficulty booking an appointment on the day in addition to booking routine appointments. Patients reported that if it was an emergency, for example an unwell child, they were able to be seen. However, from 54 comments cards reviewed, the majority reported that they had no problems obtaining same day or routine appointments. The practice recognised that getting through on the telephone was a problem and was currently reviewing this. They had increased on-line appointment availability to aim to improve access to appointments.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- Its complaints policy and procedures were not fully in line with recognised guidance and contractual obligations for GPs in England; patients were requested to make a complaint within three months of the incident but this could be extended to a maximum of six months. GP contractual obligations state that patients are able to complain within 12 months of an incident.
- We saw that information was available to help patients understand the complaints system in the form of leaflets, but there were no complaints posters displayed for patients.
- The complaints policy and the complaints leaflet for patients contained differing information about the practice's timeline for responding to complaints.

There had been 24 complaints reported over the previous 12 months. We looked at three complaints received in the last 12 months. We found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint, although response letters did not always contain an apology. It was not clear from reviewing complaints and reviewing meeting minutes whether lessons were learnt from individual concerns and complaints to improve the quality of care. Staff told us however, that the promotion of online booking and review of the telephone system was in response to complaints as patients experienced long delays getting through to the practice. Some patients did report on the inspection day that getting through on the telephone had improved.

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.

- Not all staff were aware of the practice's vision or mission.
- The practice were able to articulate a robust direction for the business and had identified areas of challenge and improvement which were monitored in governance meetings, however this was not formally documented as a strategy and supporting business plan.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance arrangements included:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice management responsibilities were divided between key staff and the practice manager monitored and co-ordinated these areas.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was evidence that systems for monitoring and recording staff training and maintaining personnel records were not fully robust.
- There were gaps in robust confidentiality arrangements as part of information governance. Staff had received training in information governance; however the practice employed a small number of staff working across two provider organisations owned by the partners, including Lambton Road Medical Partnership. The practice told us that there were no signed confidentiality agreements in place for these staff with regards to working at the practice. We also noted a lack of signed confidentiality agreements in some recruited staff personnel files.
- Practice specific policies were implemented and were available to all staff on the shared drive of the practice's computer system.
- A comprehensive understanding of the performance of the practice was maintained and the lead partner attended regular locality meetings to benchmark practice performance.

- There was evidence that clinical and internal audit was used to monitor quality and to make improvements.
- Governance issues were discussed during weekly operational meetings and in a larger partnership meeting across the provider's other businesses.

Leadership and culture

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

The provider was aware of the duty of candour and although they did not have a formal policy, there was evidence from reviewing complaints and significant events that they understood their responsibilities regarding the requirements of this. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The 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 that as the practice employed a larger number of staff, they held regular meetings for different staff groups, and communication with staff was frequently via email in between staff meetings which staff felt worked well.
- 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. 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.
- Staff said they felt respected, valued and supported, by the managers and partners in the practice.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG consisted of 10 members who met bi-monthly. They assisted in carrying out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had promoted the use of online booking and provided access to pre-bookable appointments six weeks ahead following a feedback from a patient listening exercise in November 2015. The practice had also reviewed their repeat prescribing process and utilised the in-house pharmacist to train admin staff to improve the repeat prescription experience for patients. The PPG also assisted with the development of the over 75s information booklet entitled 'Local Services for Older People'.
- The practice gathered feedback via the NHS Friends and Family Test (NHS FFT). Results for June 2015 to April 2016 showed that on average 93% of patients would recommend the practice.

- 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.

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 provided the over 75s with an information pack which included a booklet produced in conjunction with the Patient Participation Group (PPG), entitled 'Local Services for Older People'. This contained detailed information about support and welfare services, social services, voluntary organisations and support for ethnic minority groups.

The practice had recognised the need to improve their prescribing patterns and employed an in-house pharmacist to assist with medication reviews, who specifically focussed on a review of prescribing for practice patients in a local nursing home.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider did not ensure that persons employed by the service to carry out regulated activities had timely access to mandatory training, specifically safeguarding training, fire safety training and basic life support training. This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.