

# Claremont Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 Claremont Medical Centre on 18 October 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. When a significant event occurred it would be discussed and notes of the discussion and agreed actions were kept; however, although there was a significant event recording form available for staff to complete, this was not used consistently.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; safety alerts and guidance updates were distributed to relevant staff; however, no log was kept of the action taken as a result.
- Data showed patient outcomes were better than the national average; however, the practice had excepted a higher than average proportion of patients from Quality Outcomes Framework indicators, but were

unaware of this. We checked a sample of records of patients who had been excepted from diabetes indicators and found that in all cases the reason for the patient being excepted was clinically appropriate.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Overall, patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day; however, some patients said that they found it difficult to get through to the practice by phone. The practice was in the process of promoting their online booking system, and felt that as the online system became more popular, telephone access for those patients who chose not to book appointments online would improve.

# Summary of findings

- 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.

We saw one area of outstanding practice:

The practice employed a part-time counselling co-ordinator whose role was to liaise with local training providers to arrange for their counselling students to provide a service to the practice's patients. Students provided this service on a voluntary basis as part of their training, and were supervised by their university tutors or the counselling co-ordinator. In total 110 hours of counselling per week was provided to the practice's patients via this scheme, and on average patients who were referred received a course of 12 sessions.

The areas where the provider should make improvement are:

- They should ensure that their record-keeping processes are effective, including those for reporting and recording significant events, logging stocks of prescription sheets, recording verbal complaints, and logging action taken following the receipt of safety alerts and updates.
- They should review their rate of exception reporting from Quality Outcomes Framework indicators to assess whether there are areas where patient care can be improved.
- They should review their appointment booking system to identify whether any changes could be made to improve telephone access to the practice.
- They should ensure that their recruitment policy is sufficiently detailed with regards to pre-employment checks.
- They should ensure that they are managing the risk of Legionella.

**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.

- When a significant event occurred it would be discussed in the next clinical meeting and notes would be made of the discussion and the actions that had been agreed, the incident would then be added to the practice's significant event log. Although there was a significant event recording form available for staff to complete, this was not used consistently.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were better than the national average; however, the practice had excepted a higher than average proportion of patients from Quality Outcomes Framework indicators, but were unaware of this. We checked a sample of records of patients who had been excepted from diabetes indicators and found that in all cases the reason for the patient being excepted was clinically appropriate.
- Staff assessed needs and delivered care in line with current evidence based guidance. Safety alerts and guidance updates were distributed to relevant staff; however, no log was kept of the action taken as a result.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of performance monitoring and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Multi-disciplinary team meetings were minuted; however, we saw examples where these minutes contained limited detail.

Good



# Summary of findings

## 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.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, in response to both a local initiative to reduce Accident and Emergency attendance, and the needs of their patient population (who were largely of working age), the practice had begun to offer Saturday morning appointments. They also provided in-house counselling services to their patients, which was delivered by trainee counsellors from local universities.
- Overall, patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day; however, some patients said that they found it difficult to contact the practice by phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

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. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.
- A monthly hearing aid clinic was provided at the practice, which was delivered by a volunteer from the audiology department at the local Hospital; the clinic included hearing aid checks and battery fitting.
- There was a designated GP responsible for end of life care; with systems in place for them to be contacted outside of working hours.

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.
- Overall, performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average. The practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 89% nationally; however, their exception reporting rate was higher than average for all but two of the 10 diabetes indicators. We viewed a selection of patient notes for diabetic patients who had been excepted from diabetes indicators and found that in all cases the reason for them being excepted was clinically appropriate.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## 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.
- Cervical screening had been carried-out for 82% of women registered at the practice aged 25-64, which was comparable to the Clinical Commissioning Group (CCG) average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 had recently begun offering Saturday morning appointments for patients who were unable to attend the practice during the week. They also ensured that additional services such as in-house counselling and the smoking cessation support group were provided at times when working people could attend.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided a full range of sexual health services, including contraceptive implants and coils. They were in the process of working towards accreditation from the Kingston Integrated Sexual Health Network, which recognised high quality sexual health services. The practice provided anonymised sexually transmitted infection testing kits in the reception area.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. A YMCA homeless shelter was located a short distance from the practice, and we were told many of the people staying there registered with the practice. Information about housing support services and charities was available for these patients.
- The practice offered longer appointments for patients with a learning disability; this was flagged on the practice's computer system so that a longer appointment was automatically booked for these patients.
- 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.
- Two of the GPs at the practice had completed diplomas in drug misuse and the practice was able to prescribe medicines such as methadone for patients who were withdrawing from illegal drug use.
- 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 had 40 patients diagnosed with dementia and 88% of these patients had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 91 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% of these patients, compared to a CCG average of 92% and national average of 88%.
- 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 registered all patients living in a local care home for patients with severe mental health needs and held quarterly meetings with staff from this facility to review the needs of these patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. They had produced a mental health “crisis” sheet for patients to advise them how to seek help should their mental health deteriorate.
- The practice provided an in-house counselling service for patients, which was delivered by volunteer counsellors.
- The practice carried out advance care planning for patients with dementia.
- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty seven survey forms were distributed and 127 were returned. This represented approximately 1% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards, the majority of which were positive about the standard of care received. Patients commented that they felt that staff at the practice listened to their concerns and gave them sufficient time during appointments. Two comment cards contained negative comments about the quality of care received.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. For the period from January to September 2016, 56 patients had completed the "Friends and Family Test", and of those 54 patients (96%) said they would recommend the practice to a family member or friend.

# Claremont Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Claremont Medical Centre

Claremont Medical Centre provides primary medical services in Surbiton to approximately 11,000 patients and is one of 23 practices in Kingston Clinical Commissioning Group (CCG). The practice provides training placements for GP registrars and GPs returning to clinical practice.

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 10%, which is lower than the CCG average of 12%; and for older people the practice value is 13%, which is the same as the CCG average. The practice has a smaller proportion of patients aged 10 to 24 years and aged 45 years and older, and a larger proportion of patients aged 25 to 44 years. Of patients registered with the practice, the largest group by ethnicity are white (80%), followed by asian (12%), mixed (4%), black (2%) and other non-white ethnic groups (2%).

The practice operates from a 2-storey purpose-built premises. A small amount of car parking is available at the practice, and there is space to park in the surrounding streets. The reception desk, waiting area, four GP consultation rooms and a treatment room are situated on the ground floor. The practice manager's office, three GP

consultation rooms, a treatment room and three counselling rooms are situated on the first floor. A lift is available for patients who are unable to access the first floor using the stairs.

The practice team at the surgery is made up of one part time female GP and three part time male GPs who are partners. In addition, three part time female salaried GPs are employed by the practice and one GP registrar. In total 35 GP sessions are available per week, plus six registrar sessions. The practice also employs two part time female nurses and two part time healthcare assistants. The clinical team are supported by a practice manager, deputy practice manager, six reception staff, and a secretary.

The practice operates under a General Medical Services (GMS) 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 open between 8:20am and 6:30pm every weekday apart from Wednesday when they close at 5:50pm. Appointments start at 8.30am every weekday morning and run until 12:00pm on Mondays and Tuesdays, to 12:40pm on Wednesdays and to 1:30pm on Thursdays and Fridays. Afternoon clinics run from 3pm to 6:30pm on Mondays, from 3:20pm to 6:30pm on Tuesdays, from 1pm to 5:30pm on Wednesdays, and from 2pm to 6:30pm on Fridays. Extended hours surgeries are offered between 6:30pm and 7:50pm on Mondays, from 6:30pm to 7:20pm on Thursdays and from 8:30am to 11:30am on Saturdays.

When the practice is closed patients are directed to contact the local out of hours service.

# Detailed findings

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; surgical procedures; and family planning.

## 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 18 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, receptionists, the practice manager and deputy practice manager, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents, these would then be added to the agenda for the next weekly clinical meeting and discussions would be recorded as part of the minutes of that meeting. There was a recording form available; however, it was not consistently used. We saw evidence that the practice complied with the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a needlestick injury which occurred as a result of a needle being incorrectly disposed of, all staff were provided with a refresher session on the practice's sharps policy and those responsible for incorrectly disposing of the needle attended further sharps training.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and all other staff were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead 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 vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy 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 the use of prescription pads but there was no log of the stock of prescription printer sheets. 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). Patient Specific Directions (PSDs) were in place to allow the healthcare assistant to administer medicines. (PSDs are written instructions from a qualified and registered prescriber for a medicine

## Are services safe?

including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw examples of these.

- We reviewed five personnel files and overall found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. We found that in the case of one of the salaried GPs, a Disclosure and Barring Service (DBS) check had not been performed by the practice prior to employment; however, the practice had on file evidence of a DBS check which had been performed at the GP's previous employment. The new practice manager was in the process of reviewing the practice's recruitment procedure, and we saw evidence of appropriate risk assessments relating to DBS checks having been completed on the most recently recruited members of 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 available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. They were in the process of arranging for a formal

Legionella assessment to be completed, but in the meantime had completed an assessment of their Legionella risk and found it to be low based on the type of boiler that they had in place (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.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

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.

- We saw evidence that the practice acted on safety alerts and guidance updates; however, they did not have a system in place to filter the alerts received so that only those relevant to general practice were distributed to staff, nor did they keep a record of the action they had taken in response to alerts.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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 100% of the total number of points available; however, the practice had a higher than average exception reporting rate overall (15% compared to a CCG average of 10% and national average of 9%). Their exception reporting rate was particularly high for indicators relating to heart failure, hypertension, chronic kidney disease and diabetes. (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). We reviewed a sample of patients who had been excepted from diabetes indicators, and in all cases found that the reason for their exception was clinically appropriate.

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

- Overall performance for diabetes related indicators were better than the CCG and national averages. The practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 89% nationally; however, their exception reporting rate for diabetes indicators was 15%, compared to a CCG average of 13% and national average of 11%.

- The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 77%, which was comparable to the CCG average of 80% and national average of 78%; however, the practice's exception reporting rate for this indicator was 26%, compared to a CCG average of 11% and national average of 9%.
- The proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 84%, compared to a CCG average of 80% and national average of 78%; however, the practice's exception reporting rate for this indicator was 27%, compared to a CCG average of 14% and national average of 12%.
- The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 98% (CCG and national average 88%).
- The practice had 40 patients diagnosed with dementia and 88% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%; however, the practice's exception reporting rate for this indicator was 18%, compared to a CCG and national average of 8%.
- The practice had 91 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice had 27 patients diagnosed with dementia and 88% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 45 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 100% of these patients, compared to a CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits carried out in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had conducted an audit of



# Are services effective?

(for example, treatment is effective)

care provided to patients with asthma. The initial audit had found that the practice was performing below the expected standard for several indicators, such as performing annual checks of inhaler technique (55% achievement) and of inspiratory flow (25% achievement). Following this audit, staff were made aware of the areas requiring improvement and a review of the practice's recall system was performed to ensure that patients were being invited for annual checks. A re-audit found improvement in all areas; in particular, checks of inhaler technique and inspiratory flow had been completed for 76% of eligible patients in the preceding year.

- The practice participated in 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 all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff had attended update training such as wound management and attended practice nurse forums in order to keep their knowledge and skills up to date.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Due to a transitional period following the abrupt departure of the previous practice manager, non-clinical

staff had not received a formal appraisal within the past 12 months; however, we saw evidence that the practice manager and deputy practice manager carried-out one-to-one meetings with all these staff every 2-3 months, which included discussions about staff members' performance and learning and development needs, and we were told that formal appraisals would be carried-out imminently.

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

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their 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. Discussions took place with other health care professionals on a daily basis when they visited the practice, and formal minuted meetings took place on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# 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.
- We saw evidence that the practice gained patients' written consent for minor surgical procedures; however, there was no record of consent being taken for contraceptive procedures such as the fitting of coils and implants.

## 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. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group who attended one evening per week.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the 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; their uptake for breast cancer screening was comparable to the CCG average (62%, compared to a CCG average of 67% and national average of 72%). Their uptake for bowel cancer screening was 48% compared to a CCG average of 55% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 85% to 96%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 but two of the 31 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.

We spoke with 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. 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 88%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern which was the same as the CCG and national average of .
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% of patients 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 81%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 86%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The electronic check-in machine allowed patients to select which language they required.

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

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

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 103 patients as carers (approximately 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them and the practice had previously hosted a coffee morning which included a talk on carers' rights.

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

# 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, in response to both a local initiative to reduce Accident and Emergency attendance and the needs of their patient population (who were largely of working age), the practice had begun to offer Saturday morning appointments and were in the process of introducing an in-house audiology service. They also provided in-house counselling services to their patients, which was delivered by trainee counsellors from local universities.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening and Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability; these were flagged to alert reception staff when booking appointments for these patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8:20am and 6:30pm every weekday apart from Wednesday when they closed at 5:50pm. Appointments started at 8.30am every weekday morning and ran until 12:00pm on Mondays and Tuesdays, to 12:40pm on Wednesdays and to 1:30pm on Thursdays and Fridays. Afternoon clinics ran from 3:00pm to 6:30pm on Mondays, from 3:20pm to 6:30pm on Tuesdays, from

1pm to 5:30pm on Wednesdays, and from 2pm to 6:30pm on Fridays. Extended hours surgeries were offered between 6:30pm and 7:50pm on Mondays, from 6:30pm to 7:20pm on Thursdays and from 8:30am to 11:30am on Saturdays.

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.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

Overall, people told us on the day of the inspection that they were able to get appointments when they needed them; however, some patients said that it was difficult to get through to the practice by phone. The practice explained that as a result of their switch to a new patient records system, patients who had previously been registered for the online appointment booking system had to re-register before they could continue to book appointments online, which was resulting in a temporary increase in the number of patients phoning the practice to make an appointment. The practice had advertised the need for patients to re-register for the online service and was anticipating the pressure on the phone system reducing over time.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requests for home visits were recorded by reception staff and passed to the duty doctor. A doctor would then contact the patient by phone to assess whether a home visit was required. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

recorded in a communications book which was kept at reception; however, these were not added to the practice's complaints log, and there was therefore no system in place to identify trends in the verbal complaints received.

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

The practice had received four complaints in the past 12 months. We looked at one in detail and found this to be satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained that they had not received a call back from a GP regarding the care of their relative who had subsequently become very unwell. As part of their investigation into this event, the reception staff on duty at the time were interviewed and made aware of the error, and the practice had scheduled to discuss this issue in their next staff meeting to identify if there were any further safeguards that could be added to the call-back system.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a clear vision to stabilise the team and allow staff members to become settled in their new roles following a recent change to staff structure resulting from a new practice manager and deputy practice manager being appointed. They were also in the process of further developing their clinical staff in order to be able to provide a wider range of services, such as an in-house audiology service.

### 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; however, some of these were not sufficiently detailed, for example, their recruitment procedure did not specify exactly which pre-employment checks would be carried-out before an offer of employment was made. At the time of the inspection, the new practice manager was in the process of reviewing all the practice's policies.
- Overall, an understanding of the performance of the practice was maintained; however, the partners were unaware that their rate of exception reporting for the Quality Outcomes Framework was higher than average.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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 partners explained that the practice had experienced a difficult period recently, which required careful performance management of a member of staff, who had subsequently left the practice. The partners explained that this experience had ultimately had a positive impact, as they had used it to develop their skills as managers, and to make improvements to the structure of the non-clinical team, which had in turn provided opportunities for staff members to develop.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. A whole practice away day was booked to take place in early 2017.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had 10 members and the practice was attempting to expand the group; they displayed information about the PPG on a notice board and on the electronic information screen in the waiting area, they had also held a charity fund raising coffee morning and had promoted the group to patients who had attended that event. The practice was conscious that their patient population was largely made up of working age people, and therefore, told us they had identified ways to encourage working age patients to attend and were working through an action plan. The PPG told us that the practice was receptive to their feedback and suggestions, for example, they had fed back that they did not like the art work in the waiting area. As a result, the practice had put up notices in the

waiting area at the practice, inviting patients to submit artwork and photographs of the local area to be temporarily displayed, they had also approached a local art group about displaying their work at the practice.

- The practice had gathered feedback from staff through staff away days, 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; for example, staff told us that they had felt confident and supported in speaking to the partners about a previous member of the management team whose management style they were concerned about. 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, in order to reduce pressure on secondary care services in the locality, the practice had purchased equipment and was in the process of training staff to provide audiology services. They had also begun to provide appointments on Saturday mornings in order to respond to the need to reduce pressure on local Accident & Emergency departments.