

Mulgrave Road Surgery

Quality Report

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Date of inspection visit: 3 November 2016

Date of publication: 05/12/2016

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 Mulgrave Road Surgery on 3 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider should make improvements:

- Review practice procedures to ensure that all staff have annual basic life support training.
- Review practice procedures to ensure all the recommendations from the legionella risk assessment are implemented and monitored.
- Improve recording of minutes for multidisciplinary team meetings to ensure patients are monitored effectively.
- Review how patients with caring responsibilities are identified to ensure information, advice and support is made available to them.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

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

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 (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice GPs had personal patient lists which facilitated continuity of care of these patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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 this.
- 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 GPs encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.

Good



Summary of findings

- 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.

Good



- 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 GPs provided care for two local nursing/residential homes supporting the needs of 57 residents.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital.
- One of the practice GPs was a clinical lead for End of Life care for the local Clinical Commissioning Group and Sutton Homes of Care Vanguard programme which aimed to improve the health and quality of life for all residents in care homes in Sutton.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice ran nurse led clinics for patients with asthma, chronic obstructive pulmonary disease, diabetes and chronic heart disease.
- The national Quality and Outcomes Framework (QOF) data showed that 69% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 75% which was below the CCG average of 81%.
- The national QOF data showed that 72% of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.

Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice provided anticoagulation clinics, smoking cessation clinics, phlebotomy, post-operative wound care, electrocardiography, 24 hours blood pressure monitoring and spirometry; the practice told us this had improved monitoring of patients with long term conditions.

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 urgent care and Accident and Emergency (A&E) attendances. The practice was lower than the local Clinical Commissioning Group (CCG) average for unplanned A&E attendances over the last year.
- 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 77%, which was in line with the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice sent a 'Welcome Baby' letter explaining the post-natal check-up, baby check and immunisation procedure.
- The practice ran a midwife clinic and baby clinic for check-up and first immunisation.

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.

Good



Summary of findings

- 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. About 50% of patients in the surgery had registered for online access.
- The practice offered extended hours appointments with GPs which were suitable for working people.
- The practice also offered an online enquiry service and consultations through video conferencing.
- The practice offered health checks to all newly registered patients and they have performed 772 new patient health checks in the last year. This allowed the practice to identify undiagnosed issues such as diabetes and an opportunity for health promotion.

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, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; 87% (13 patients) of 15 patients with learning disability had received a health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

- The number of patients with dementia who had received annual reviews was 89% which was in line with the Clinical Commissioning Group (CCG) average of 86% and national average of 84%.

Good



Summary of findings

- 87% of 64 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 91% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. These patients were prioritised and were seen by a GP as soon as possible.
- 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 July 2016. The results showed that the practice was performing in line with local and national averages. Two hundred and forty four survey forms were distributed and 112 were returned. This represented approximately 1% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 74%, national average of 73%).
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%). The practice achieved highest results for getting appointments when compared to other practices in the local CCG.
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).

- 70% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 36 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 15 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Mulgrave Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mulgrave Road Surgery

Mulgrave Road Surgery provides primary medical services in Sutton to approximately 8600 patients and is one of 26 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the second less deprived decile in England.

The practice population has lower than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is in line with the local and national averages; the practice population of older people is above the local and in line with national average. Of patients registered with the practice for whom the ethnicity data was recorded, 23% are British or mixed British, 13% are other White and 10% are White British.

The practice operates in converted premises. Patient facilities are wheelchair accessible on the ground floor. The practice has access to four doctors' consultation rooms, one nurse and one healthcare assistant consultation room on the ground floor and two doctors' consultation rooms on the first floor. Patients who are not able to access the first floor are seen on the ground floor.

The clinical team at the surgery is made up of two full-time male GPs and one part-time female GP who are partners

and two female part-time salaried GPs, two part-time female practice nurses and two part-time female healthcare assistants. The non-clinical practice team consists of one practice manager and 12 administrative and reception staff members. The practice provides a total of 40 GP sessions per week.

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 GPs and medical students.

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:00am to 7:00pm every day. Extended hours surgeries are offered on Monday to Friday from 6:30pm to 7:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Sutton CCG.

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

Why we carried out this inspection

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

Detailed findings

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 3 November 2016.

During our visit we:

- Spoke with a range of staff including three reception and administrative staff, the practice manager, three GPs, the practice nurse and the healthcare assistant and we spoke with 15 patients who used the service including three members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system.
- Staff we spoke to were able to give us an example of a recently discussed significant event.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a referral was sent to an incorrect hospital. The hospital contacted the surgery and asked them to send it to the correct hospital. The practice contacted the patient, apologised and obtained an appointment on time. Following this incident the practice staff were reminded to check and re-check all referrals to ascertain if they are going to the right place. The practice had given this task to a dedicated member of staff to prevent this from happening again.

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

Overview of safety systems and processes

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

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

they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.

- Notices in the clinical rooms 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 check (DBS check). (DBS)
- 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. 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 and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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 three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used regular locum GPs and performed all the required employment checks.

Monitoring risks to patients

Risks to patients were mostly assessed and well-managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)
- The practice had not undertaken some of the recommendations following the legionella risk assessment ; however the day following the inspection the practice had implemented a system for measuring water temperatures and had sent us evidence to support this.
- The practice had not undertaken a health and safety risk assessment of the premises; however the practice held a risk register and monitored risks for both staff and patients. The day following the inspection the practice sent us their building maintenance policy and health and safety risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements 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 clinical staff had received annual basic life support training; however non-clinical staff received this training every three years; during the inspection the practice informed us that they would make this a yearly training for all staff and the day following the inspection they sent us evidence of training booking for the non-clinical staff on 29/11/2016 and 1/12/2016. There were emergency medicines available in the treatment room.
- The practice had a poster for staff in the reception area detailing how to deal with medical emergencies.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.7% of the total number of points available, which was below the Clinical Commissioning Group (CCG) average of 93.7 and national average of 94.7%, with a clinical exception reporting rate of 8.3%. (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 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 69% (3.6% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 75% which below the CCG average of 81%. The percentage of patients with diabetes on the register for whom the last blood pressure reading was 140/80 mmHg or less was 69% (4.2% exception reporting) which was below the CCG average of 75% and national average of 78%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100% (20% exception reporting), which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 90% (7.0% exception reporting), which was in line with the CCG average of 88% and national average of 87%.
- Performance for mental health related indicators was in line with or above the CCG and national averages; 87% (7.66% exception reporting) of patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 91% and national average of 89%. The practice had a lead member of administrative staff for mental health who encouraged patients to attend health screening and followed up mental health patients who attended accident and emergency.
- The number of patients with dementia who had received annual reviews was 89% (3.1% exception reporting) which was in line with the CCG average of 86% and national average of 84%. The practice staff had received dementia friends training and the practice was part of a pilot project in identifying possible patients through the care home staff.
- The national QOF data showed that 72% (1.5% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 76%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 89% (4.9% exception reporting) compared with the CCG average of 89% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was carried out to ascertain if antibiotics were prescribed according to local best practice guidelines. In the first cycle the practice identified 54 patients who were prescribed antibiotics of which only 17% (9 patients) were prescribed appropriately. In the second cycle after changes had been implemented the practice identified 26 patients

Are services effective?

(for example, treatment is effective)

who were prescribed antibiotics of which 12% (3 patients) were prescribed appropriately; this was a decline when compared to the previous quarter. However there was a significant decrease in the number of patients for whom antibiotics were prescribed.

- The percentage of antibiotic items prescribed that are cephalosporins or quinolones was 10%, which was above the Clinical Commissioning Group (CCG) average of 8% and national average of 5%. Due to the high prescribing of antibiotics the practice performed regular audits to monitor performance. The above audit and CCG data indicated a reduction in the proportion of antibiotic items that are cephalosporins or quinolones prescribed by the practice.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

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

- The practice had a comprehensive induction programme and induction checklist for all newly appointed staff. It covered topics such as safeguarding, fire safety, health and safety, confidentiality and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice used a web-based software system that directly linked GP practices to hospital specialists which provided rapid access to expert advice on referral queries.
- The practice offered health checks to all newly registered patients and they have performed 772 new patient health checks in the last year. This allowed the practice to identify undiagnosed issues such as diabetes and an opportunity for health promotion.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going 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 monthly clinical meetings involving all clinical staff where they discussed referrals, avoiding unplanned admissions, urgent care dashboard, safeguarding, Quality and Outcomes Framework performance, alerts, significant events, complaints, audits, NICE guidelines and general clinical issues. We saw evidence that multi-disciplinary team meetings took place monthly and that care plans were routinely reviewed and updated; however the minutes of these meetings were not detailed.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- We found that the consent obtained for minor surgical procedures were satisfactory.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.
- The practice held in-house smoking cessation clinics.
- The practice proactively promoted health promotion workshops in partnership with the local CCG in topics such as managing your health after 75, looking after an unwell child, living with diabetes and living with Chronic Obstructive Pulmonary Disease (COPD).
- The practice had a self blood pressure checking machine in the waiting area which could be used by patients.

The practice's uptake for the cervical screening programme was 77%, which was in line with the CCG average of 82% 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 65% compared with 68% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 57% compared with 55% in the CCG and 58% nationally.

The practice sent personalised letters for patients who do not respond to cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 4% to 92% compared to the CCG rates of 5% to 96%, and five year olds from 82% to 93% compared to CCG rates of 82% to 93%. Flu immunisation target rates for diabetes patients were 100% which was above the CCG and national averages.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 36 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 15 patients including three members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP patient survey showed the practice were in line with or below the local and national averages. For example:

- 85% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 90%, national average of 89%).
- 80% said the GP gave them enough time (CCG average 88%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 79% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 81% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

The practice were aware of these results and informed us that this was because of problems with recruiting and retaining salaried GPs over the last 18 months; they had used locum GPs over this period which they said had a negative impact on the patient satisfaction with consultations. The practice had recently appointed a salaried GP and continued to work on recruiting another salaried GP.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was in line with or below average for consultations with GPs and nurses. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.7% (56 patients) of the practice list as carers. Written information was

Are services caring?

available to direct carers to the various avenues of support available to them. The practice had a dedicated member of staff who co-ordinated the carers register and ensured that they accessed carers review through social services. All carers were sent a letter with local support information.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions. The practice had a nominated administrative lead for inviting learning disability patients for annual reviews; they sent invitation letter in pictorial and 'easy read' to facilitate understanding and reduce undue stress concerning the visit. The invite included pictures of what would happen during their health check.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available. The practice had a hearing loop to help patients with hearing difficulties. The practice wrote to all patients with communication difficulties (including 60 patients with hearing impairments) to raise awareness of online services; new patient health checks helped them to identify patients with communication difficulties.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice provided anticoagulation clinics, smoking cessation clinics, phlebotomy, post-operative wound care, electrocardiography, 24 hours blood pressure monitoring and spirometry; the practice told us this had improved monitoring of patients with long term conditions.
- Patients could electronically check in on the touchscreens available in the reception area.
- The practice offered a text messaging service which reminded patients about their appointments, reviews and flu immunisations; they also ran a campaign via text messaging and offered chlamydia screening. The patients had an opportunity to send a text back to the surgery if they cannot attend an appointment.

We saw examples of good practice including:

- The practice staff helped patients to walk home from their appointments if they required extra support.
- The practice sent birthday cards for long-standing patients if they reached significant milestones like 90 years of age.
- The practice staff helped patients who had difficulties in completing the online access registration process.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:00am to 7:00pm Monday to Friday. Extended hours surgeries were offered on Mondays to Fridays from 6:30pm to 7:00pm. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for people that needed them. The practice offered telephone consultations and also offered an online enquiry service and consultations through video conferencing.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with or below the local and national averages.

- 74% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 77%, national average of 76%).
- 62% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 59% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them; however two patients indicated that they had difficulty in getting appointments. During the inspection we saw that an emergency appointment was available on the same day and a pre-bookable appointment was available for the next day.

The practice was aware of the problems with telephone access and have introduced a number of measures including:

Are services responsive to people's needs?

(for example, to feedback?)

- Online Access: The practice proactively promoted online services and they had over 3000 patients registered for online services which is the highest when compared to other practices in the local CCG.
- The practice offered an online enquiry service for patients with GP response the same day if contacted by mid-day.
- The practice had a bypass telephone number which was given to pharmacies, care homes and acute trusts which enabled them to free the incoming lines for patients.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We looked at 20 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had leads assigned for clinical and administrative areas.
- Practice specific policies were implemented and were available to all staff. They had a folder in the reception and a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- One of the practice GPs was the clinical lead in the local clinical commissioning group for planned care and member of the executive and board.
- The practice also had a bi-monthly staff meeting which included all clinical and non-clinical staff where they discussed training, staff updates, safeguarding, significant events, complaints and reception and administrative issues.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- 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.
- We spoke to two members of staff who had started working at the practice as administrative and reception staff and had been supported and trained to undertake more senior roles in the practice.

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

When there were unexpected or unintended safety incidents:

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

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 practice had an active virtual PPG with 25 members which met

Are services well-led?

Good 

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

once a year and carried out patient surveys and submitted proposals for improvements to the practice management team. For example the practice had introduced consultations through video conferencing.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice were in the process of conducting a staff survey to ascertain any issues and suggestions from staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in the Sutton Homes of Care Vanguard programme which aimed to improve the health and quality of life for all care home residents in Sutton. One of the practice GPs was the clinical lead for the project and helped in the development of a new model of care for care homes.

The practice was also part of the project team developing an end of life care (EOLC) pathway with nurses supporting the care homes delivering high standard of EOLC in the care home setting.