

Clapham Junction Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Requires improvement	
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 Clapham Junction Medical Practice on 2 June 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example with regards to fire safety, health and safety, infection prevention and control and safety checks for electrical equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Implement, monitor and review ways to improve care for patients with long term conditions and patients experiencing poor mental health (including patients with dementia).

Summary of findings

The areas where the provider should make improvement are:

- Implement, monitor and review actions identified to improve health and safety, fire safety and infection control in the practice.
- Review the accessibility and facilities available at each site, considering any improvements that could be made, including advertising the areas for breast feeding and private conversations.

- Review and update the practice business continuity plan to include staff contact details.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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 safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example with regards to fire safety, health and safety, infection prevention and control and safety checks for electrical equipment.

Good



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the local and national averages for a number of clinical indicators for long term conditions including diabetes.
- Exception reporting figures were higher than average for a number of clinical indicators including those related to mental health conditions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice above 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.

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 the practice provided regular phlebotomy services for patients requiring blood tests.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- 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.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.
- All of the patients in this population group had a named GP responsible for their care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (a specific blood glucose level test) is 64 mmol/mol or less in the preceding 12 months was 64%, compared to the local clinical commissioning group (CCG) average of 75% and the national average of 78%. The exception reporting rate was 2% (CCG 7%, national 12%).
- The percentage of patients with on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 62% (CCG 75%, national 78%). The exception reporting rate was 2% (CCG 6%, national 9%).
- The percentage of patients on the diabetes register, who had the influenza immunisation in the preceding 1 August to 31 March was 100% (CCG 92%, national 94%). The exception reporting rate was 29% (CCG 16%, national 18%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 66% (CCG 78%, national 81%). The exception reporting rate was 2% (CCG 8%, national 12%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 69% (CCG 88%, national 88%). The exception reporting rate was 1% (CCG 5%, national 8%).

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies, however baby change facilities were not available at the Lavender Hill site.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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 offered telephone consultations for patients who could not attend during working hours.

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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 91% and the national average of 88%. The exception reporting rate was 39% (CCG 7%, national 13%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 92% (CCG 89%, national 90%). The exception reporting rate was 34% (CCG 6%, national 10%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80% (CCG 87%, national 84%). The exception reporting rate was 0% (CCG 4%, national 8%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Four hundred and three survey forms were distributed and ninety were returned. This represented 3% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning group (CCG) average of 81% and the national average of 73%.
- 70% 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 78% and the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. The key themes from the comment cards were that staff were friendly, caring and professional and that patients were treated with compassion and dignity.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recently published NHS friends and family test data showed that 90% of patients would recommend the services offered at the practice to a friend or family member.

Clapham Junction Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Clapham Junction Medical Practice

Clapham Junction Medical Practice provides primary medical services in Wandsworth to approximately 3,200 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Wandsworth has 50% more 20 to 40 year olds, but 33% fewer older people than other south west London boroughs, reflected in the patient demographics for the practice with 10% of patients aged 65 or over, 78% of patients aged 18-65 years old and 12% aged 18 or younger.

The practice population is in the fifth more deprived decile with income deprivation affecting children and adults higher than national averages.

The practice operates from two sites, the main site is located at 263 Lavender Hill, Battersea London, SW11 1JD

(known to staff and patients as Lavender Hill Site or LHS) and the branch site is located at 7 Farrant House, Winstanley Road, Battersea, London SW11 2EJ (known to staff and patients as Farrant House Site or FHS).

The Lavender Hill site is a converted residential property over two floors and has two consulting rooms and one treatment room, one administration room, reception, patient waiting area, kitchen and one staff and one patient toilet. This site does not have disabled access facilities or step free access into the building or between floors. There are no baby change facilities installed or breast feeding area advertised, however staff told us they could provide a suitable area if requested.

The Farrant House site is a purpose built ground floor premises within a residential block of flats. There are two consulting rooms, one treatment room, one practice manager's room, one administration room, one reception and back office, one patient and one staff toilet and one kitchen. There are disabled access facilities with baby change facilities installed and step free access throughout.

The practice clinical team is made up of two full time GP partners one male and one female, one female part time practice nurse and one female full time healthcare assistant. The practice offers 15 GP sessions per week. The non-clinical team consists of four administrative and reception staff.

The practice main site opens between 8.30am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.30am and 6.30pm Monday to Friday. Appointments are available between 9.00am and 12.00am and between 5.00pm and 6.30pm Monday to Friday. Patients are able to pre book a telephone consultation with

Detailed findings

a GP to be held between 12.00am and 5.00pm. Extended hours are available on Monday, Tuesday and Thursday evenings from 6.30pm until 8.00pm for pre booked appointments.

The practice branch site opens between 8.00am and 12.00am on a Monday and between 09.00 and 12.00 Tuesday to Friday. Appointments are available between these same times. Telephone lines are operational between 08.30 and 1.00pm Monday to Friday.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.30am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

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

The practice was inspected by CQC in August 2013 and met the required standards.

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 2 June 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff and reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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)

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the practice vaccine fridge was mistakenly left open, the practice followed procedure by quarantining the vaccines, contacting the relevant authorities and destroying the vaccines as directed. Replacement vaccines were ordered along with new keys so that the door could be locked and signs were on the fridge reminding staff to close and lock the door. This incident was discussed at a practice meeting and all staff were aware of the actions.

Overview of safety systems and processes

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

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

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, the practice nurse was trained to level 2 and non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead 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. However local infection control audits had not been undertaken for either site.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). For example, the practice vaccine fridge at the main site did not have a second thermometer (used to verify the temperature within the fridge and ensure the vaccine is kept within the specified temperature range), however we saw evidence that two working days after the inspection the practice had ordered a second thermometer.
- 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 their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. Health Care Assistants were

Are services safe?

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

- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment for the most recently employed members of staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some 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, however the practice had not carried out a health and safety risk assessment at either site. Following the inspection we saw that the practice had carried out a risk assessment at both sites and had identified actions to take. The practice had up to date fire risk assessments for the Lavender Hill site and carried out regular fire drills, however there was no fire risk assessment for the Farrant House site. Following the inspection the practice showed us that they had booked for a fire risk assessment to take place at the Farrant House site. Electrical equipment had not been checked to ensure the equipment was safe to use. Following the inspection we saw that the practice had booked Portable Appliance Testing (PAT). Clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on 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.
- 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.
- The practice held a stock of emergency medicines at both sites which were not in line with nationally agreed guidelines, however we saw evidence two working days after the inspection that the practice had reviewed its stock of emergency medicines and had ordered Atropine (used to treat bradycardia, where the heart beats too slowly), Hydrocortisone (used to treat severe asthma or severe allergic reaction), Cyclizine (used to treat nausea and vomiting) and Benzylpenicillin (used to treat suspected bacterial meningitis).
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location, however the emergency medicines were not stored securely when the premises was closed other than in a locked room. Following the inspection, the practice demonstrated they had ordered a secure cabinet for the emergency medicines. All the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage, however the plan did not include 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available, with an overall exception reporting rate of 8% compared to the CCG average of 7% and the national average of 8%. (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).

Data from 2014/15 showed:

Performance for most diabetes related indicators was below the local and national average, with exception reporting below the local and national averages. For example:

- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (a specific blood glucose level test) is 64 mmol/mol or less in the preceding 12 months was 64%, compared to the local clinical commissioning group (CCG) average of 75% and the national average of 78%. The exception reporting rate was 2% (CCG 7%, national 12%).

- The percentage of patients with on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 62% (CCG 75%, national 78%). The exception reporting rate was 2% (CCG 6%, national 9%).
- The percentage of patients on the diabetes register, who have had influenza immunisation in the preceding 1 August to 31 March was 100% (CCG 92%, national 94%). The exception reporting rate was 29% (CCG 16%, national 18%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 66% (CCG 78%, national 81%). The exception reporting rate was 2% (CCG 8%, national 12%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 69% (CCG 88%, national 88%). The exception reporting rate was 1% (CCG 5%, national 8%).

Performance for mental health related indicators was comparable to the local and national averages, with higher than average exception reporting rates for most indicators. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 91% and the national average of 88%. The exception reporting rate was 39% (CCG 7%, national 13%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 92% (CCG 89%, national 90%). The exception reporting rate was 34% (CCG 6%, national 10%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80% (CCG 87%, national 84%). The exception reporting rate was 0% (CCG 4%, national 8%).

The practice recognised their below average performance for diabetes indicators and their exception

Are services effective?

(for example, treatment is effective)

reporting performance across both mental health and diabetes indicators and had employed a part time Information Technology support officer to assist with assessing the practice's coding of patients. The practice showed us data for 2015/16 which showed improved QOF indicator performance for some areas; this data had not been published or independently verified at the time of our inspection.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, all 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 audited patients undergoing lipid testing for the prevention of cardio vascular disease (CVD) to see if current guidelines were being applied consistently. In the first audit cycle, the practice found that of 30 patients, only four had their CVD risk assessment carried out and recorded. The practice discussed these results with all relevant staff and actions were taken to improve including a GP attending a training session for NHS health checks and CVD risk calculation, and keeping copies of the lipid testing guidelines in consultation rooms. The GP shared the learning from the training session with colleagues and the second audit cycle showed that guidelines were being more consistently applied and that 15 of 30 patients had their CVD risk assessed and documented.
- The practice participated in local audits, including pathology improvement programme in 2015/16.

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 through locality training events and online training.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available on the premises and through local support services.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 81% 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 54% to 68% (CCG average 80% to 92%) and five year olds from 42% to 92% (CCG average 65% to 91%).

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. This facility was not advertised to make patients aware.

All of the 20 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 published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 95% 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 published in January 2016 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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 87% 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 the national average of 85%.

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

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

Are services caring?

- Information leaflets were available in easy read format and in other languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as carers (1.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them and the practice offered carers an annual health review.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered regular phlebotomy services for patients requiring blood tests.

- The practice offered a 'Commuter's Clinic' three evenings a week until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- Translation services were available at both sites with disabled facilities available at the Farrant House site. Neither site had a hearing loop installed however staff told us they would communicate in writing with patients with hearing difficulties and/or offer a private room where staff could talk at an increased volume to be better heard, however this service was not advertised.

Access to the service

The practice main site was open between 8.30am and 6.30pm Monday to Friday. Telephone lines were operational between the hours of 8.30am and 6.30pm Monday to Friday. Appointments were available between 9.00am and 12.00am and between 5.00pm and 6.30pm Monday to Friday. Patients were able to pre book a telephone consultation with a GP which were held between 12.00am and 5.00pm. Extended hours were available on Monday, Tuesday and Thursday evenings from 6.30pm until 8.00pm for pre booked appointments.

The practice branch site opened between 8.00am and 12.00am on a Monday and between 09.00 and 12.00 Tuesday to Friday. Appointments were available between these same times. Telephone lines were operational between 08.30 and 1.00pm Monday to Friday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 82% and national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

A GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 complaints and concerns.

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

We looked at one complaint received in the last 12 months and found the complaint was satisfactorily handled, dealt with in a timely way and with openness and transparency.

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

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice engaged the services of an external provider to carry out a patient survey. The survey showed that the practice was performing in line with or better than

Clinical Commissioning Group and national averages for a number of patient satisfaction indicators, with the exception of the 'success in getting an appointment' category. The practice discussed the results and increased the number of face to face consultations and the number of telephone consultations in response.

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 vision to deliver high quality care and promote good outcomes for patients and staff knew and understood the values.
- The practice had supporting business plans which reflected the vision and values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of 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.
- 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

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. For example, the PPG suggested to the practice that they install a blood pressure monitor in the reception area. The practice engaged the CCG who funded the equipment. The equipment can be used by patients at any time to monitor their own blood pressure and are encouraged to share the results with their GP or the nurse during their appointment.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered person did not ensure the care and treatment of service users met their needs.• Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national averages for a number of clinical indicators related to long term conditions including diabetes.• Exception reporting figures were higher than average for a number of clinical indicators including those related to mental health conditions. <p>This was in breach of Regulation 9(1) of the Health & Social Care Act 2008 (Regulated Activities): Person-centred care.</p>