

Dr Johnson & Partners

Quality Report

Sheen Lane Health Centre
London
Richmond Upon Thames
SW14 8LP
Tel:
02088764086
Website: www.sheensurgery.co.uk

Date of inspection visit: 19 July 2016
Date of publication: 29/09/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Johnson & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Johnson & Partners, also known as Sheen Lane Surgery, on 19 July 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 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.
- 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.

The areas where the provider should make improvement are:

- Review the provisions in place for ensuring prescription-printing paper is kept secure.

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 safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to or above the local and national average:
- Diabetes indicators were above the local and national average.
- Mental health indicators were comparable to the local and 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to the local and national average for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- 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. For example, the practice worked closely with the local wellness service to provide patients with in-house counselling one day a week.
- 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. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

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.
- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- 74% of patients diagnosed with asthma had an asthma review in the last 12 months; this was comparable to the local average of 74% and national average of 75%. The exception reporting rate was 5%
- Performance for diabetes related indicators was comparable to the local and national average, for instance:
- 76% of patients with diabetes on the register had their blood sugar recorded as well controlled (local average 77%, national average 77%). The exception reporting rate was 12%.
- 71% of patients with diabetes on the register had their cholesterol measured as well controlled (local average 79%, national average 81%). The exception reporting rate was 12%.
- 100% of patients with diabetes on the register had a recorded foot examination and risk classification (local average 91%, national average 88%). The exception reporting rate was 17%.
- The practice during the inspection said that the exception reporting for diabetes was high as many patients undertook treatment relating to diabetes privately. In addition, some patients were not permanent residents and only stayed in the UK a few months at a time.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

- 82% of women aged 25-64 had it recorded on their notes that a cervical screening test has been performed in the preceding five years; this was comparable to the local average of 84% and national average of 82%. The exception reporting rate was 3%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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 extended opening hours on Monday evenings, Tuesday evenings and Saturday mornings.

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.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was piloting the Rapid Access Team (RAT), a mobile GP service working alongside the dedicated multidisciplinary community team, which offered a rapid assessment of, and rapid treatment for, acutely unwell housebound patients.
- 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.

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).

Good



- Performance for mental health related indicators was comparable to the local and national average:
- 94% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (CCG average 86%, national average 84%).The exception reporting rate was 14%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (CCG average 92%, national average 90%).The exception reporting rate was 8%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (CCG average 93%, national average 88%).The exception reporting rate was 14%.

Summary of findings

- The practice during the inspection said that the exception reporting for mental health was high as some patients had been hospitalised, therefore, they were unable to return to the practice for regular reviews.
- 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.
- 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. Two hundred and seventy nine survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

Results from the national GP patient survey showed patients responded positively to questions relating to appointments and access to nurses and GPs. The results were above the local and national averages. For example:

- 97% found it easy to get through to the surgery by phone, (local average 78%, national 73%).

- 88% were able to get an appointment to see or speak to someone the last time they tried, (local average 79%, national average 76%).
- 97% described the overall experience of their GP surgery as fairly good or very good, (local average 85%, national average 85%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards, which were all positive about the standard of care received.

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

Dr Johnson & Partners

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, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Johnson & Partners

Dr Johnson & Partners, also known as Sheen Lane Medical Centre, is situated in an area shared with the public library. At the rear of the practice is a small public car park that can be used by patients. The practice is located on the ground floor and first floor of a building which is a purpose built health centre and is shared with another GP practice and other services provided within the NHS. There are eight consulting rooms. Access to the surgery is via the main front entrance of the building on level flooring with automatic doors for wheelchair access. There is also lift access to the first floor.

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).

The service is registered with the Care Quality Commission to provide regulated activities of; surgical procedures, diagnostics and screening services, treatment of disease, disorder or injury, family planning and maternity and midwifery services.

The practice is run by seven GP partners (female and male). The partners are supported by; one GP locum, two nurses, two healthcare assistant (HCA), one practice manager, one assistant practice manager and reception staff.

The GP's collectively provide 44 clinical sessions a week.

The practice is open between 08:00am to 6:30pm Monday – Friday. Appointments are available from 8:00am to 6:30pm. Extended surgery hours are offered from 6:30pm to 8:00pm every Monday and Tuesday evening and 8:30am to 10:30 am Saturday mornings. When the practice is closed patients can call NHS 111 in an emergency or a local out of hour's service.

The practice has a patient list size of approximately 11,111 patients. The practice is situated in an area which is classified as the tenth less deprived decile on the index of multiple deprivation. The majority of the patients within the practice are either young or of working age. A small percentage of patients are aged between 65 and 85.

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.

Detailed findings

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 19 July 2016. During our visit we:

- Spoke with a range of staff (four GPs, one practice nurse, two healthcare assistants, one practice manager, one assistant practice manager and three non-clinical staff).
- Spoke with eight patients.
- Spoke with two Patient Participation Group members.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 12 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 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, a patient complained that when they collected their repeat prescription the practice gave them a prescription for another patient. The practice apologised to the patient and investigated the matter. The patient's prescription had been filed incorrectly with another patient, as they both had the same surname. The significant event was addressed in line with the practice policy and was discussed at the next team meeting. Training was provided to relevant staff to ensure that they were familiar with the process and the importance of data protection.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the sharps injury posters had been replaced in clinical rooms as the old posters had become faded and difficult to read.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use, except that the prescription paper was left in the printers overnight, even though the consulting rooms were locked overnight cleaners still had access to the rooms. Patient Group Directions (PGD) 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

Are services safe?

presentation for treatment). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises (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 six personnel files and found appropriate recruitment checks had been undertaken prior to employment of permanent, contract and locum 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 assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control 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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

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 98% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 - 2015 showed;

- Performance for diabetes related indicators was comparable to the local and national average:
- 76% of patients with diabetes on the register had their blood sugar recorded as well controlled (CCG average 78%, national average of 78%). The exception reporting rate was 12%.
- 71% of patients with diabetes on the register had their cholesterol measured as well controlled (CCG 79%, national average 81%). The exception reporting rate was 12%.
- 100% of patients with diabetes on the register had a recorded foot examination and risk classification .The exception reporting rate was 17%.

- The practice during the inspection said that the exception reporting for diabetes was high as many patients undertook treatment relating to diabetes privately. In addition, some patients were not permanent residents and only stayed in the UK a few months at a time.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the local and national average:
- 77% of patients with hypertension had a blood pressure reading of 150/90mmHg or less (local average 83%, national average 84%). The exception reporting rate was 4%.
- Performance for mental health related indicators was comparable to the local and national average:
- 93% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months (local average 86%, national average 84%). The exception reporting rate was 14%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (local average 92%, national average 90%). The exception reporting rate was 8%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months (local average 94%, national average 88%). The exception reporting rate was 14%.
- The practice during the inspection said that the exception reporting for mental health was high as some patients had been hospitalised, therefore, they were unable to return to the practice for regular reviews.

Clinical audits demonstrated quality improvement.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. There had been four clinical audits undertaken within the last two years, three of which were completed audits where the improvements made were implemented and monitored. For example, an audit looking into the number of patients called back for a check-up within six weeks after a coil had been fitted. The result of the audit showed that adherence to the audit criteria was low during the first cycle, 59%). However, there was notable improvement

Are services effective?

(for example, treatment is effective)

during the second cycle, 72% (, after implementation of the recommendations. Following the first cycle, the practice set up an alert for patients who had a coil fitted, calling them back in for a review within six weeks.

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. 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.

- 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 alcohol cessation were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the local average of 84% 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

Are services effective?

(for example, treatment is effective)

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 vaccines given were comparable to the local average. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 84% to 97% (local 82% to 94%) and five year olds from 75% to 96% (local 70% to 94%).

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 12 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 two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

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

- 92% said the GP was good at listening to them (local average 89%, national average 88%).
- 92% said the GP gave them enough time (local average 86%, national average 86%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (local average 89%, national average 91%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was comparable to the local and national average, for example:

- 87% said the last GP they saw was good at explaining tests and treatments, (local average 87%, national average 86%).
- 81% said the last GP they saw was good at involving them in decisions about their care (local average 80%, national average 82%).
- 89% said the last nurse they saw was good at explaining tests and treatments (local average 88%, national average 90%).

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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 132 patients as carers (1% of the practice list). The practice used their register to improve care for carers, for example carers were offered flexible appointment times and the seasonal influenza vaccine. Written information was available on a carers noticeboard to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. For example, the practice worked closely with the local wellness service to provide patients with in-house counselling one day a week.

- The practice offered extended hours:
- 6:30pm to 8:00pm every Monday and Tuesday.
- 8:30am to 10:30am every Saturday.
- The GP's collectively provided 44 clinical sessions a week.
- When the practice was closed patients were directed to call NHS 111 in an emergency or a local out of hour's service.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift for patients to access the first floor.
- The practice offered patients with mobility issues the option to have a consultation on the ground floor.

Access to the service

- The practice is open between 8:00am to 6:30pm Monday to Friday. Appointments are available from 8:00am to 6:30pm.
- In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours (local average 74%, national average 78%).
- 97% patients said they could get through easily to the surgery by phone (local average 74%, national average 78%).
- 31% patients said they always or almost always see or speak to the GP they prefer (local average 35%, national average 36%).

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

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, posters were displayed in the waiting area and leaflets were available for patients at the reception desk.

We looked at seven complaints received in the last 12 months and found that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained that there was a delay in making a hospital referral. The complaint was dealt with in line with the practice policy; it was investigated, responded to and discussed at the next team meeting. The practice apologised to the patient and explained that the delay was due to the Christmas holiday period.

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 business plans, which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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

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

The provider was aware of 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. We noted team away days were held every months.
- 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 practice has recently installed a new LCD screen in the reception area which was used to keep patients and careers informed of local support services available to them.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was piloting the Rapid Access Team (RAT), a

mobile GP service working alongside the dedicated multidisciplinary community team to offer a rapid assessment of, and rapid treatment for, acutely unwell housebound patients. A system whereby a group of GP's in the local area can provide regular home visits for incapacitated patients. The GP would use a laptop during the visit, providing them with full access to patient records. The pilot provides patients with mobility issues regular and prompt access to GP services in the locality. Patients were also able to ask the team questions regarding their care and provide feedback on their experiences.