

The Greyswood 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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



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 The Greyswood practice on 20 March 2015.

We found the practice to be good for providing safe, effective, and caring services. It was also good for providing services for the population groups we report on: older people, people with long term conditions, the working age people including those recently retired and students, people in vulnerable circumstances and people experiencing poor mental health. We also found the practice to be outstanding for providing responsive and well-led services. It was also outstanding for providing services for the population groups we report on: families, children and young people.

Our key inspection findings were as follows:

- There were systems in place for reporting, recording and monitoring significant events to help provide improved care.
- Staff were clear of their roles in regards to monitoring and reporting of incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.
- Staff shared best practice through internal arrangements and meetings and also by sharing knowledge and expertise with external consultants and other GP practices.
- There was a strong multidisciplinary input in the service delivery to improve patient outcomes.
- Feedback from patients about their care and treatment was very positive.
- The practice was responsive to the needs of vulnerable patients and there was a strong focus on caring and on the provision of patient-centred care.
- The practice provided patients with information on health promotion and ill health prevention services available in the practice and the local community.

Summary of findings

- The practice has a clear vision and strategic direction which was to improve the health, well-being and lives of those that they care for at the practice. Staff were suitably supported and patient care and safety was a high priority.

We saw examples of the practice being outstanding in how they responded to the needs of children, people with long-term conditions and those experiencing poor mental health:

- A practice led initiative had been put in place to send birthday cards to all patients registered with the practice aged one to three years of age. The birthday cards were used to inform parents, carers and families to the long term benefits and recommended uptake of immunisations. Cards with the same information were also sent to all new born patients and their mothers. The practice were able to demonstrate improvement in areas such as Improved immunisations for example the practice level for the pre-school booster improved from below 50% in 2011 to 93% in the last quarter of 2014 and continues at this level into 2015.
- The practice was taking part in the local PACT (Planning All Care Together) initiative where community healthcare and social services work as one. The aim of the initiative is to help people with long-term conditions live more independent lives and to prevent complications. High-risk patients were identified using an assessment tool and were seen by both a nurse and a GP. From April 2014 to January 2015 the practice had completed around 350 of these appointments, over 100 being home visits.
- The practice worked closely with relevant professionals in order to provide a responsive service to people experiencing poor mental health. For example, the practice held meetings with the area consultant psychiatrist quarterly to review all patients on the practice mental health register.

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. We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place for the management of incidents and significant events, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a culture of reporting, sharing and learning from incidents within the organisation. Information sharing and updates took place with all staff at regular planned weekly clinical meetings and monthly administrative meetings. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the clinical commissioning group (CCG) and NHS England. There were suitable systems in place for the assessment of patients' needs, and care and treatment was delivered in line with current legislation, published guidelines and best practice. Data showed the practice performed well against clinical indicators related to patient health outcomes. For example, the percentage of patients with diabetes who had had a record of an albumin: creatinine ratio test (ACR), (which is a urine test used to screen for kidney complications in people with Diabetes) in the preceding 12 months was 86% compared to the national average of 85%.

Audits of various aspects of the service were undertaken at regular intervals and predominantly audits in prescribing audit results and recommended changes were implemented to help improve the service. Staff were supported in their work and professional development. There were systems in place to effectively manage all vulnerable patients, including the completion of follow ups for nonattendance of appointments, and for patients requiring vaccinations.

The practice demonstrated strong leadership that was indicative to learning the sharing of information and continuous practice and staff development to ensure best practice, care and treatment.

Good



Are services caring?

The practice is rated as good for providing caring services. The patients and carers we spoke with were complimentary of the care

Good



Summary of findings

and service that staff provided and told us they were treated with dignity and respect. They felt cared for, were well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy, dignity and respect.

National data showed that patients rated the practice higher than others for several aspects of care, including their treatment experiences and the access to their GPs.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. Patients' needs were suitably assessed and met. There was good access to the service with walk in and urgent appointments available on the same day. Patients could speak to a GP over the telephone for a consultation during surgery opening times, in between morning and afternoon surgery sessions. Patients were signposted to their out of hours service when the surgery was closed. The practice also had facilities for patients to access non NHS services including private medicals and travel vaccinations.

The practice encouraged comments and suggestions from patients. There was a patient participation group (PPG). The practice had systems in place to learn from patients' experiences, concerns and complaints to improve the quality of care. Patients' were able to make comments and suggestions within the practice and were encouraged to do so. However the practice did not provide the facility for patients to make comments and suggestions anonymously.

The practice were engaged with their patients and were able to demonstrate improved outcomes in areas such as child immunisations by providing outstanding practice for families, children and young people and responsive services. A practice led initiative had been put in place to send birthday cards to all patients registered with the practice aged one to three years of age. The birthday cards were used to inform parents, carers and families to the long term benefits and recommended uptake of immunisations. Cards with the same information were also sent to all new born patients and their mothers. The practice were able to demonstrate improvement in areas such as Improved immunisations for example the practice level for the pre-school booster improved from below 50% in 2011 to 93% in the last quarter of 2014 and continues at this level into 2015.

Outstanding



Are services well-led?

The practice is rated as good for being well-led. The practice was well-led and had a clear vision and strategy to provide high quality, effective, caring treatment and advice in safe surroundings and to

Good



Summary of findings

make the patient's visit as comfortable and productive as possible. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear, strong leadership structure and foundation, and staff felt supported by management and able to raise concerns. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place. Staff meetings were undertaken regularly, and staff received suitable training and appraisals. The practice were able to demonstrate the impact of a recent significant event and how the practice had worked with external partners and internally to learn from the event, to share information with all practice staff and had implemented processes to avoid any repeat of such events. The practice were also able to demonstrate additional staff support through counselling and update training in basic life support.

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 was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Support was available in terms of home visits and rapid access appointments for terminally ill and housebound patients.

The practice also worked closely with the community home visiting services who visited unwell older people within two hours. The practice were able to demonstrate that home visits were completed, treatment was started quicker, and the risk of hospital admission was being adequately managed for older people.

The practice worked collaboratively with the local palliative care team to provide services for cancer patients on their register, these services were also extended to include patients with any end-of-life condition, and included patients with Parkinson's and dementia amongst others.

Good



People with long term conditions

The practice is rated as good for the care of patients with long term conditions (LTCs).

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus and asthma was based on national guidance and clinical staff had the knowledge and skills to respond to their needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs.

The practice were enthusiastically taking part in the local PACT (Planning All Care Together) initiative. High risk patients were identified using a computer system which assessed the impact of multi morbidity, polypharmacy, and contact with secondary care. These patients were offered a nurse appointment followed by a 30 minute appointment with a GP, and was aimed at improving management of multi morbidity, and preventing complications; from April 2014 to January 2015 the practice had completed around 350 of these appointments, over 100 being home visits.

The practice had chronic illness registers, and provided nurse-led review for all patients on the registers. The practice also had strong

Good



Summary of findings

links with community specialist nurses, including attendance at monthly joint clinics with their area diabetes specialist nurse and worked in collaboration with community respiratory nurses for spirometry and management of housebound patients. The practice were also developing their healthcare assistant through training in spirometry to increase availability.

Families, children and young people

The practice is rated as outstanding for the population group of families, children and young people.

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level 3 for GPs and nurses. There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Childhood immunisations were administered in line with national guidelines and the coverage for all standard childhood immunisations was relatively high at 76% compared to the local Clinical Commissioning Group (CCG) average of 75%.

The practice provides acute children's clinics which they started during the busy winter period. The practice also provides priority access to young children on emergency appointments. On site weekly health visitor clinics, and health visitor attendance at multidisciplinary team meetings

The practice had well established child-protection and governance procedures, including staff training, meetings, and lines of reporting and was an area that they had concentrated their focus on to ensure all practice staff were skilled, trained and supported in and to manage risk.

The practice had Improved immunisations rates since implementing changes to their recall system, including a failsafe system to refer non-attenders to health visitor; for example the practice level for the pre-school booster improved from below 50% in 2011 to 93% in the last quarter of 2014 and continues at this level into 2015.

The practice further supported their immunisation rates by implementing a practice led initiative to send birthday cards to all patients registered with the practice aged one to three years of age. The birthday cards were used to inform parents, carers and families to the long term benefits and recommended uptake of immunisations. Cards with the same information were also sent to all new born patients and their mothers.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the population group of the 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 there were a variety of appointment options available to patients such as on-line booking and repeat prescriptions and extended hours and weekend working. The practice offered new patient health checks and NHS health checks, travel vaccinations and health promotion advice including on smoking cessation.

The practice also provided telephone consultations, and were currently able to offer 100% of those who call before midday a call back with a clinician on the same day.

The practice were due to start alcohol services as a direct result of the “Fresh Start” from 1 April 2015. The “Fresh Start” clinic is a practice lead initiative with support from the community and CCG to reduce use and abuse of alcohol, and to manage people with long term addiction.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the population group of people whose circumstances may make them vulnerable. People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities in identifying and reporting concerns. The practice worked with other health and social care professionals to ensure a multi-disciplinary input in the case management of vulnerable people. The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for people with a learning disability to improve their health outcomes which were being completed annually.

The practice provided access to in-person professional interpreters, and extended appointments were offered for this purpose. The practice also maintained a register of carers; carers were invited for an annual PACT review (Planning All Care Together). Carers were offered a nurse appointment followed by a 30 minute appointment with a GP, and is aimed at improving management of multi morbidity, and preventing complications.

People experiencing poor mental health (including people with dementia)

Good



The practice provided a caring and responsive service to people experiencing poor mental health. The practice was signed up to the

Summary of findings

dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met. Reviews of care records of patients with dementia and mental health issues showed they were receiving regular reviews of their health, adequate multi-disciplinary input and support from the community mental health teams.

The practice held meetings with the area consultant psychiatrist quarterly to review all patients on the practice mental health register. The practice had a practice-wide policy not to start antipsychotic treatment in patients with dementia, unless recommended by a consultant psychiatrist for short term use. All patients prescribed this medication received regular reviews.

The practice were managing the physical health of those on its mental health register, including invitation of 100% by letter and telephone for patient health checks, the practice value for completing the these health checks was between 86-95% for the relevant domains throughout 2013, 2014 and so far into 2015, which was in line with the national average.

The practice had close on site working relationship with 'Family Action' who supports the social needs of those with mental health problems.

Summary of findings

What people who use the service say

We spoke with four patients and two members of the practice's Patient Participation Group (PPG) and received 40 Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection.

The four patients and PPG members we spoke with said that they were very happy with the care and treatment they received. They were complimentary about the staff, describing them as caring, approachable and friendly; and they had no complaints about the practice staff or the care being provided. Patients also told us that staff treated them with respect and dignity and that they were informative and listened to their concerns or worries. Patients also informed us that they were given options and choice and were included in any decisions about treatment plans or recommendation.

The majority of comment cards received indicated satisfaction with the GP, the practice and its staff, and all gave praise to the professional and dedicated caring service. They also indicated that the practice team responded to patient needs.

Three comments seen suggested that getting an appointment on the same day and with a specific GP was sometimes difficult. The practice offered a bookable

appointments service, by attending in person, by telephoning or by contacting the practice online, which patients commented was a good way to make services available.

Comments made in the GP patient survey 2014 showed the practice compared more favourably with others in the area in some aspects of the service. For example, the percentage of patients who were 'Very satisfied' or 'Fairly satisfied' with their GP's practice opening hours was 85% compared to the national average of 80%. The proportion of respondents to the GP patient survey who described the overall experience of this surgery as fairly good or very good was 96% compared to the national average of 86%. The percentage of patients who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone' was 82% compared to the national average of 75%.

The practice had an active patient participation group (PPG). We spoke with two PPG members during our inspection and they both spoke highly of the staff and services being provided, and told us that the practice team were kind and caring, respectful and dignified when providing care and treatment.

Areas for improvement

Outstanding practice

- A practice led initiative had been put in place to send birthday cards to all patients registered with the practice aged one to three years of age. The birthday cards were used to inform parents, carers and families to the long term benefits and recommended uptake of immunisations. Cards with the same information were also sent to all new born patients and their mothers. The practice were able to demonstrate improvement in areas such as Improved immunisations for example the practice level for the pre-school booster improved from below 50% in 2011 to 93% in the last quarter of 2014 and continues at this level into 2015.
- The practice was taking part in the local PACT (Planning All Care Together) initiative where community healthcare and social services work as one. The aim of the initiative is to help people with long-term conditions live more independent lives and to prevent complications. High-risk patients were identified using an assessment tool and were seen by both a nurse and a GP. From April 2014 to January 2015 the practice had completed around 350 of these appointments, over 100 being home visits.

The Greyswood Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC lead inspector and a GP specialist advisor. The inspection team members were granted the same authority to enter the practice as the CQC lead Inspector.

Background to The Greyswood Practice

The Greyswood practice is located in the London Borough of Wandsworth in south-west London, and provides NHS GP services to around 8553 patients. The practice patient list is varied in ages although adult patients 20 to 54 years of age make up the majority of registered patients.

The practice is contracted by NHS England for General Medical Services (GMS) and is registered with the Care Quality Commission for the following regulated activities: surgical procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning, and diagnostic and screening procedures at one location.

The practice provides a full range of essential, enhanced and additional services including maternity services, diabetic clinics, asthma clinics, childhood immunisations, family planning, smoking cessation, cervical smears, contraception services and counselling. The general medical services (GMS) contract is one kind of contract between general practices and NHS England for delivering primary care services to local communities.

The surgery is currently open five days a week from 8:00 am to 6:30 pm Monday to Friday and closed at weekends. In addition, the practice offers extended hours from 6.30pm to

8.30pm every Monday and Wednesday. The practice also operates a Saturday morning surgery between 8.30am to 11.30am. The practice staff are available to contact by telephone during these times for enquiries, GP led telephone consultations, and pre-arranged and walk in urgent appointments. Out of hours services for the Greyswood practice is provided in partnership with an external agency service when the surgery is closed.

The practice is one of 44 GP practices located within the Wandsworth clinical commissioning group (CCG) who provide care and services to a diverse population of over 362,386 registered patients within the borough of Wandsworth.

The practice comprises of six consulting rooms, three treatment rooms, a combined reception and waiting area, toilets, accessible toilets, baby change facilities and staff meeting room, staff kitchen and toilets and rooms for office space and administration purposes. Parking is available within the immediate area. The practice is located close to good public transport links.

The practice provides walk in and bookable appointments each day including urgent appointments. The practice also provides telephone GP consultations and online appointments.

There are 20 staff who work within the practice. The staff mix is comprised of three GP partners and one nurse practitioner partner and three other salaried GPs. There are three nurses, one practice manager, two health care assistants, one reception manager, two administrative staff and three reception staff.

The practice were completing regular audits, and were able to demonstrate that learning and improvements had been made to the practice services, which benefitted patient care and outcomes.

Detailed findings

There were no previous performance issues or concerns about this practice prior to our inspection.

No safeguarding notifications were received for the practice in the past 12 months.

No whistle blowing notifications were received for the practice in the past 12 months.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and under section 60 of the Health and Social Care Act 2008 and as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them. We also determined which services to inspect through intelligence monitoring, public perception, and engagement and partnership working with the local Clinical Commissioning Group (CCG).

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Wandsworth Clinical Commissioning Group (CCG) to share information about the service. We carried out an announced visit on 20 March 2015. The inspection took place over one day and was undertaken by a lead inspector, along with a GP advisor. During our visit we spoke with patients and a range of staff which included GPs, practice manager, nurse, administrators and receptionists. We looked at care records, and spoke with two members of the patient participation group (PPG) and the management team. We spoke with four patients who used the service.

We observed staff interactions with visitors and patients in the waiting area. We looked at records including recruitment, health and safety checks, staff training, medicines management, equipment checks, audits, complaints and significant events, patient records, and policy and procedure documents. We reviewed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service. We received a total of 40 comment cards collected as part of our visit.

Are services safe?

Our findings

Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a policy and a significant event toolkit to report the incidents and the practice manager showed us the processes around reporting and discussions of incidents. Significant events were reviewed regularly and staff we spoke with were aware of their responsibilities to report any identified concerns and issues appropriately.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. We reviewed a sample of five incidents that had been reported since November 2013. Records showed evidence of discussion, learning and improvements.

For example, a fridge for storing vaccines had been found to be turned off over night, with implications for the medicines contained within and with a raised fridge temperature reading of 20 Celsius once plugged back in. The practice noted that this was the second incident of this type to occur in three years. The practice manager and partners were informed immediately and took action to resolve the problem including contacting vaccine companies, appliance providers, removing unusable vaccines, and re ordering new vaccines. The practice investigated the incident and completed a risk assessment and implemented changes such as moving the plug socket so that it was not exposed and easy to switch off, and updating the practice policy to ensure fridges were locked when not in use strengthening actions already taken. Fridges were also checked daily at the start and end of the business day in addition to routine checking requirements.

This incident was discussed with all practice staff including cleaners to prevent future occurrences'. This incident had no impact on patients. The practice were able to

demonstrate that staff were spoken to collectively at the practice team meeting to highlight the error and the details of the action plan implemented following the incident and immediate investigation.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. Two of the GP partners were the designated leads for safeguarding which allows the practice to have increased awareness, meeting attendance, availability and complete coverage of the working week, and sharing of complex decisions. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues.

All staff that worked at the practice had completed adult safeguarding training. The practice's clinical staff and practice manager had completed Level three child protection training. Other practice staff had completed Level one child protection training. All practice staff had received a criminal records check (through the Disclosure and Barring Service) prior to their employment.

The contact details of the local area child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk. The practice had an up to date chaperone policy in place which provided staff with information about the role of a chaperone and staff were aware of their role and responsibilities and had received training in chaperoning. Practice staff providing chaperone services had all received a Disclosure and Barring Service (DBS) check.

Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures

Are services safe?

were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. We saw examples of when this had been done. No Controlled Drugs were kept in the practice.

GPs followed national guidelines and accepted protocols for repeat prescribing. All prescriptions were reviewed and signed by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicine with potentially serious side effects. Prescription pads were secured appropriately when not in use.

Cleanliness and Infection Control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control (IPC) lead. Staff had received IPC training and were aware of IPC guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves, masks and aprons.

There was a cleaning schedule in place to ensure each area of the practice and equipment was cleaned on a regular basis. The waiting area, chairs, reception desk and all communal areas we saw were clean and in good repair. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean. Cleaning checks were undertaken regularly. An IPC annual audit had been completed in February 2015.

Clinical waste was collected by an external company and consignment notes were available to demonstrate this. Waste including sharps were disposed of appropriately.

Equipment

There were appropriate arrangements in place to ensure equipment was properly calibrated. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year, during January 2015. The equipment and the environment were well maintained.

Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of statutory recruitment requirements including obtaining proof of identity, proof of address, references and undertaking criminal records checks, through the Disclosure and Barring Service, (DBS) before employing staff. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process. The practice policy was also subject to an annual review which had last been completed in 2014.

Rotas showed staffing levels were maintained, planned in advance and procedures were in place to manage planned and unexpected absences.

Monitoring Safety and Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested weekly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors to ensure security of patient documents and the computers.

Arrangements to Deal with Emergencies and Major Incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received regular training in basic life support. The practice held a stock of emergency medicines and equipment such as oxygen, masks, nebulisers, pulse oximeter and an Automated External Defibrillator (AED). These items were checked regularly.

The practice's had a business continuity plan in place and the practice manager told us of the contingency steps they could take if there was any disruption to the premises' computer system, central heating, and telephone lines. They told us of the arrangements they had with other neighbouring GP practices to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs reviewed published guidelines, such as those from the National Institute for Health and Care Excellence (NICE), and if considered relevant they were discussed at practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship among the staff team to ensure information was cascaded suitably and adopted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings.

As part of the unplanned admissions Direct Enhanced Service (DES) within the practice's service contract, care plans had been put in place for patients who were at risk of unplanned admissions to hospital.

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. The GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably. The practice were completing regular audits, and were able to demonstrate that learning and improvements had been made to the practice which improved patient care and outcomes.

We saw reports of the practice's completed clinical audit cycles. For example, the practice had undertaken and completed audits in medication prescribing and use of Proton-pump inhibitors (PPIs) which are a group of drugs whose main action is a pronounced and long-lasting reduction of gastric acid production and also the use of Non-Steroid Anti-Inflammatory Drugs (NSAIDs) to monitor their compliance with current guidelines.

The aim of the first and second cycle audit was to check if results had made any changes to patient treatment. Information was gathered from patients who were prescribed PPI to cover NSAID and continued on them after

stopping NSAIDs. The audit was also to stop unnecessary use of Proton-pump inhibitors and avoid complications like Osteoporosis which can arise with long term Proton-pump inhibitors use.

The first cycle of the audit identified 193 patients 35 of which were highlighted and reviewed thoroughly. Most of the patients identified had received a medicines review in the last 3 months and were agreed to continue on their medicines. Out of 35 patients three patients were identified where PPI could be stopped or dose reduced.

The practice identified from the first cycle audit that there should be no repeat prescribing for PPI, and that all patients on this medicine should receive an invitation to appointment or telephone consultation to undertake a medication review. The practice also started creating alerts on a patient's record to identify patients on long term PPI and NSAIDs. These computer screen alerts were discussed with clinicians and non-clinicians so that they could understand, act and take notice of alerts and to re-audit within 12 months.

A second cycle audit was completed in January 2015 where 214 patients were identified, with each patient's notes being thoroughly analysed to look for record and review and any subsequent action to continue or stop PPI. Out of the 214 patients identified only 10 were identified to be on PPI without any reason. Out of those 10, two were successfully stopped and one reduced to a lower dose. Other patients who were unavailable were written to asking them to come in and discuss their treatment as their medication review was over six months ago and if the last time they had a prescription of PPI was over 6 months ago.

The practice audit showed good evidence that prescribing and monitoring of this medicines group had significantly improved. And through the second cycle audit only 10 were identified and out of those ten the practice were able to stop high dose PPI on two patients and reduce the dose in one patient and reducing risk.

There was a culture of learning and auditing and a number of clinical audits had been completed for example on safeguarding and Vitamin D Prescribing. The vitamin D prescribing audit was completed in March 2014 with a full second cycle audit completed in September 2014. The audit showed that patients prescribed 70% Vitamin D were treated in line with current guidance. The results were

Are services effective?

(for example, treatment is effective)

discussed in practice meetings. The second cycle audit showed that patient profiling and audit enabled the practice to achieve 100% of patients being managed appropriately and in line with current guidance.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information. There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

Medicines and repeat prescriptions were issued based on nationally accepted guidelines. In our discussions with clinicians we reviewed four patient records and found that prescriptions matched the patients' current diagnoses and the repeat prescriptions had been reviewed when altering or adding medicines. Appropriate clinical monitoring such as regular blood tests had been undertaken in all four patients whose records we reviewed, and that were on high risk medicines, such as Methotrexate and Warfarin.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training including IT systems, infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

There was evidence of appraisals and performance reviews of staff being undertaken. There were appraisal processes for GPs which we were able to see were being completed and for example were completed in January 2015. Revalidation had been completed for the GPs in May 2014 and February 2015 with other revalidation dates scheduled for August 2015, March 2016 and July 2019. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures,

and were supported to attend training courses appropriate to the work they performed. Staff were encouraged to develop within their role. The practice manager showed us evidence of staff having completed training, and the practice ensured that all update courses were attended. The practice were also developing their healthcare assistant through training in spirometry to increase availability of this service.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for people. There was evidence of close working relationships with the Clinical Commissioning Group (CCG) and local hospitals in the area.

The practice GP partners attended six weekly multi-disciplinary team meetings with other professionals including palliative nurses, community matrons, social workers, health visitors and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. We saw that blood test results, hospital discharge letters and communications from other health care providers, including the out of hour's provider, were acted on promptly.

Information Sharing

Regular clinical meetings were held every two weeks and monthly general meetings were held in the practice to ensure information about key issues was shared with staff. The practice was actively involved in work with peers, other healthcare providers and the local Clinical Commissioning Group (CCG). We were told that the practice was very open to sharing and learning and actively took part in care pathways planning and multi-disciplinary team meetings. The practice also had a dedicated training and learning room for information sharing and meetings.

The surgery website provided good information for patients including the services and clinics available at the practice. Information leaflets and posters about local services were available in the surgery waiting area.

Consent to care and treatment

All GPs we spoke with were aware of the requirements of the Mental Capacity Act 2005, the Children Acts 1989 and 2004, and their responsibilities with regards to obtaining and recording consent. All clinical staff demonstrated a

Are services effective?

(for example, treatment is effective)

clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Staff told us that consent was recorded on patient notes and records, and that if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that recommended guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients.

Health Promotion & Ill-Health Prevention

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website provided information ranging from the various services, opening times, contact details, clinics, and patient survey results.

There was a range of information available to patients on the practice website and in the waiting areas which

included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed 95% of patients with a status recorded as smoker had been offered advice about smoking cessation.

Data available to us showed that the practice was achieving about 93% coverage compared to the local Wandsworth average of 75% for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, a cellular pertussis (whooping cough), poliomyelitis and Haemophilus influenza type b), Meningitis C and MMR vaccination for children.

All new patients registering with the practice were offered a health check which was undertaken by the practice nurse.

The practice were actively reviewing their flu vaccination recall system to maintain vaccination coverage which was 79.4% in 2013-14 and an area that had been highlighted for improvement.

Improved immunisations since change to recall system, including failsafe system to refer non-attenders to health visitor; for example the practice level for the pre-school booster improved from below 50% in 2011 to 93% in the last quarter of 2014 and continues at this level into 2015.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

The 2013/14 GP survey results (latest results published in January 2015) showed that 32% of respondents with a preferred GP usually get to see or speak to that GP compared to the national average of 37%. Eighty seven percent of respondents said the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern compared to the national average of 90%. And 84% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the national average of 85%.

People's responses to the GP national survey 2014 also showed that 59% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to the local Clinical commissioning Group (CCG) average of 69%. Seventy seven percent of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local (CCG) average of 82%. Eighty eight percent of respondents would recommend this surgery to someone new to the area compared to the local (CCG) average of 81%.

Seventy nine percent of respondents with a preferred GP usually get to see or speak to that GP Compared to the local (CCG) average of 57%. Ninety five percent of respondents find it easy to get through to this surgery by phone compared to the local (CCG) average of 78%. Eighty two percent of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared to the local (CCG) average of 85%.

We spoke with four patients on the day of our visit and two members of the Patient Participation Group (PPG). They stated that the GPs were caring, and that they were treated with dignity and respect. Patients were invited to complete CQC comment cards to provide us with feedback on the practice. We received 40 completed cards. Almost all the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the medical care and treatment at the practice. All patients we spoke with on the day of our visit were happy and satisfied with the care they

were receiving from the practice. They stated that the GPs and practice staff were caring and listened to them and they felt involved in decisions relating to their care and treatment.

The practice phones were located and managed at the reception desk. The reception area was accessible and staff told us patients could be spoken to within a private area to ensure privacy. A notice setting out chaperoning arrangements was displayed inside the waiting area and within all consultation rooms. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' rights to privacy and dignity.

We observed staff interactions with patients in the waiting area and at the reception desk and noted that staff ensured patients' respect and dignity at all times. All consultations and treatments were carried out in the privacy of a consulting room and we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

In the 2014 national GP patient survey, 92% agreed that the last time they saw or spoke to a GP the GP was good or very good at treating them with care and concern, compared to the national average of 85%. Eighty one percent of the respondents agreed to the statement 'the doctors involve me in decisions about my care' which was the same as the national average and 82% of the respondents strongly agreed they could get through to the surgery by telephone compared to the national average of 75%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information to support them in time of bereavement. The practice offered counselling services to patients. They also told us that

Are services caring?

where relevant they could signpost people to support and counselling facilities in the community following bereavement. The practice also worked in close alliance with the local NHS Hospitals and counselling services.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those patients who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of patient records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also an annual review of their care.

The practice were enthusiastically taking part in the local PACT (Planning All Care Together) initiative. High risk patients are identified using a computer system which assesses the impact of multi morbidity, polypharmacy, and contact with secondary care. These patients were offered a nurse appointment followed by a 30 minute appointment with a GP, and is aimed at improving management of multi morbidity, and preventing complications; from April 2014 to January 2015 the practice have completed around 350 of these appointments, over 100 being home visits.

The practice was engaged with their Patient Participation Group (PPG) and feedback from patients was obtained proactively and the service acted accordingly to improve care delivery. There were regular meetings attended by the practice manager and the practice partners. Patient surveys to obtain feedback on different aspects of care delivery were completed annually.

The practice had clinical meetings every two weeks and attended six week multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

The practice provided acute children's clinics which they started during the busy winter period. Providing extra clinical capacity with 15 minute appointments, aimed at increasing access and having extra time for self-care advice. The practice was aiming for at least two additional surgeries per week.

The practice provided priority access to young children on emergency appointments. On site weekly health visitor clinics, and health visitor attendance at our multidisciplinary team meetings

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Direct Enhanced Services (DES) undertaken was suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as at high risk of unplanned hospital admission.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters to help with language interpretation.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. Facilities for disabled people included use of a lift to mitigate the use of stairs and an accessible toilet. Baby changing facilities were available as well.

We were told by the GP partners that longer appointments could be scheduled for all patients, including vulnerable patients such as those with learning disabilities. We reviewed the arrangements for the care of people with learning disabilities, and found it showed that they were receiving suitable care and had all received an annual review within the last year.

There was an open policy for treating everyone as equals and there were no restrictions in registering. Homeless travellers could register with the surgery and be seen without any discrimination. The practice policy was to offer routine appointments within 48 hours and same day appointments where possible.

Access to the service

The surgery had clear, obstacle free access. Doorways and hallways were wide enough to accommodate wheelchairs and pushchairs. The practice was spacious, well lit and ventilated, clean and accessible with good access for all



Are services responsive to people's needs?

(for example, to feedback?)

people, including wheelchair users and the disabled. All rooms and areas within the practice were clean, spacious and secured. Facilities such as toilets, a lift, accessible toilets and baby changing facilities were also available

The practice was currently open five days a week from 8.00 am to 6.30 pm. In addition, the practice offered extended opening hours from 6.30 pm to 8.30pm every Monday and Wednesday. The practice was also providing additional appointments every Saturday morning from 8.30am till 11.30am.

People's responses to the GP national survey 2014 showed that 85% of respondents were satisfied with the surgery's opening hours compared to the national average of 80%. Eighty one percent of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care which was the same as the local (CCG) average. Eighty eight percent of respondents would recommend this surgery to someone new to the area compared to the local (CCG) average of 81%.

Appointments could be arranged by telephone, in person and online.

The practice maintained a user-friendly website with information available for patients including the services provided, how to contact the practice, health promotion advice, obtaining test results, clinical services, booking appointments and patient feedback and survey results. There were in excess of 35 information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers.

The practice had responded to people's concerns and had introduced more patient information leaflets and posters within the practice and was currently further developing its website to include more information on practice services and patient participation and membership.

All of the patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to get and were available at a time that suited them.

Staff told us that for urgent needs patients could be seen by a doctor on the same day. Patients including babies, children and young people were given priority and were seen the same day by a GP. The practice had an open door policy and welcomed all patients and visitors.

Information was available via the practice leaflet, answer phone and the practice's website, providing information and advice and the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice partners and practice manager were the designated staff members who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received. The practice reviewed complaints on an annual basis to detect any emerging themes. We reviewed a sample of 12 complaints in the period June 2014 to March 2015 and found that actions were taken and learning implemented following the complaints. This helped ensure improvements in the delivery of care. For example, in one case where a complaint had been raised with the practice after a patient felt unhappy when their appointment with the Health Care Advisor was late, the complaint was investigated by the practice partners resulting in a written response and explanation and an apology for not informing patients of delays when they happen.

The practice demonstrated the support provided to the HCA, including handling patients' expectations and outcomes and a reminder for all staff of their responsibility to inform patients when consultations and appointments were running late.

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 surgery had a statement of purpose and vision which outlined the practice's aims and objectives which were to provide patients with personal health care of the highest possible quality and endeavor to improve on the health of patients continually, and aim to achieve this by following national guidelines and national health prevention programs. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns to ensure those could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff.

Staff were aware of lines of accountability and who to report to. The practice had regular meetings every month involving GPs, practice manager, nurses, health care assistants and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing mostly in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice was completing patient surveys and audits, recording and analysing the results to produce action points to improved care and outcomes for patients. The practice offered patients the facility to make comments or suggestions at reception on request and through the NHS "Friends and Family Test" and on the practice website. The practice did not have a comments and suggestions box for patients to make comments confidentially.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

The practice GP partners and practice manager were responsible for new developments and discussions within the practice. They would discuss all concerns or changes with staff during team meetings and seek comments and suggestions from the practice team staff before any decision making was completed.

Leadership, openness and transparency

The practice was led by the partners and practice manager. Discussions with staff and meeting minutes showed team working and effective leadership. There was a clear leadership structure which had named members of staff in lead roles. For example the practice nurse practitioner was the lead for infection control and cleanliness. Two of the GP partners were the lead for safeguarding and the practice manager was responsible for information governance. The GP partners told us that they were well supported by all the practice staff including the practice nurses, administrators and practice manager.

We spoke with ten members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. We saw from minutes that team meetings were held regularly every month. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues or concerns at team meetings.

Practice seeks and acts on feedback from users, public and staff

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings and PPG members' involvement in undertaking patient surveys. The practice engaged with the Wandsworth CCG, the local network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.

We found evidence that the practice responded to feedback from patients as was evidenced through the

Are services well-led?

Good 

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

patient survey which highlighted that many of the services already provided were ones that patients asked for most; for example late nights and Saturday morning appointments.

The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The group agreed that patient awareness was essential and one of the aims for the practice was to raise awareness of services available. Posters and newsletters were currently the preferred methods in addition to the practice website. The results and actions agreed from these surveys were available within the practice and on the practice website. The practice also acknowledged some items on the “patient wish list” and were looking to introduce them where possible such as; more practical items like a free standing water machine.

Staff were supported in their professional and personal development. We saw evidence of completed courses relevant to staff members’ roles, and other courses that were planned to be completed. The practice manager was responsible for ensuring all staff including doctors were scheduled for courses, and supported new initiatives. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery. The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.

The practice were able to demonstrate the impact of a recent significant event and how the practice had worked with external partners and internally to learn from the event, to share information with all practice staff and had implemented processes to avoid any repeat of such events. The practice were also able to demonstrate additional staff support emotionally and with additional skills training, and had a dedicated learning environment which staff could access at any time.