

# The Practice Furzedown

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Practice Furzedown on 16 January 2017.

The practice was originally inspected on the 19 March 2015 and the overall rating for the practice was requires improvement and the full comprehensive report can be found by selecting the 'all reports' link for The Practice Furzedown on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken to establish whether or not the practice had made sufficient

improvement and was an announced comprehensive inspection on 16 January 2017. Overall the practice is now 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.

- There was now a system for monitoring fridge temperatures and clear protocols for staff to follow if the minimum temperature exceeded. All staff had received training in managing fridge temperatures and medicines management.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had improved since the inspection in March 2015, and were comparable to the CCG average and England average.
- 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.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had implemented an overarching governance framework to support the delivery of the strategy and good quality care. We saw that structures and procedures had been put into place and work was continuing to make the framework comprehensive and sustainable.

The areas where the provider should make improvements are:

- Improve the identification of carers to ensure their needs are known and can be met.
- Improve practice activities to improve performance data.
- To complete an up to date Legionella risk assessment.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



Following our previous inspection in March 2015 the practice had made improvements:

- There was an effective system in place for reporting and recording significant events.
- There was now a system in place for recording and monitoring fridge temperatures and all staff had received training in medicines management.
- 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.

### Are services effective?

The practice is rated as good for providing effective services.

Good



Following our previous inspection in March 2015 the practice had made improvements:

- Three clinical audits had been completed and demonstrated quality improvement.
- All patients with long term conditions, learning disability and those with mental health conditions and vulnerable groups received an annual review and had access to care planning. For example, practice performance for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who has a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 85% which was comparable to the CCG average of 89% and the national average of 88%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions (01/04/2015 to 31/03/2016) was 81% above the CCG and national average of 75%.

# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

## Are services caring?

The practice is rated as good for providing caring services.

- The practice had identified patients as carers which was less than 1% of the practice list.
- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

Following our previous inspection in March 2015 the practice had made improvements:

Good



# Summary of findings

- 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.
- The practice had developing an overarching governance framework to support the delivery of the strategy and good quality care. We saw that structures and procedures had been put into place and work was continuing to make the framework comprehensive and sustainable.
- Practice specific policies had been reviewed and updated and were available electronically to all staff; all the procedures were being implemented efficiently and this improvement was sustainable.
- The practice now had regular clinical meetings. We saw minutes to evidence this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and monitoring of vulnerable patients. This included arrangements to identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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.
- All patients over the 75 and over and a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- An alert on patient records highlighted elderly patients who were particularly vulnerable.

### 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.
- There were alerts for long term conditions on patient records.
- At 67%, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to the CCG average of 73% and national average of 78%. There had been an improvement in the practice's achievement and figures collated on 31/3/16 showed the practice's current achievement was 78%.
- The practice had recruited a nurse in the last 12 months. The existing nurse practitioner held a tier two clinic once a month, reviewing patients who had poor management of diabetes, looking at their diet and their understanding of their long term condition. There was also a recall system in place where patients were invited in for checks and offered appointments to increase performance.
- 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.
- The practice had online appointment booking and prescription requests.

# Summary of findings

- The practice had a palliative care register with monthly reviews taking place.

## 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 83% above the CCG and national averages of 79% and 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with health visitors.
- A range of family planning services were provided including hormone implants.

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.
- Same day appointments were available.
- The practice was open from 7am to 7pm on Monday, Thursday and Friday, from 8am to 8.30pm on Tuesday, from 7.30am to 7pm on Wednesday and from 8am to 1pm on Saturdays to accommodate working people.
- Telephone consultations were available.
- Online appointment booking and prescription requests were available.

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 those with a learning disability. There was also an alert on the patient records where a patient was identified as vulnerable.
- 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



- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 85%, which was comparable to the CCG average of 89% and the national average of 88%.
- Patients with severe mental health conditions were offered weekly appointments with a named GP.
- 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 on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty nine survey forms were distributed and 103 were returned. This represented a 30% response rate compared to the England average of 38%. This represented 3% of the patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%. The practice was in the process of implementing a new phone line system to improve access.

- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 patient Care Quality Commission comment cards which of 44 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. One highlighted concerns in difficulty getting an appointment and the other highlighted their experience with some reception staff as negative.

# The Practice Furzedown

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

## Background to The Practice Furzedown

The Practice Furzedown provides services to approximately 3084 patients under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Wandsworth Clinical Commissioning Group (CCG). The practice provides a number of enhanced services including Childhood Vaccination and Immunisation Scheme; Facilitating Timely Diagnosis and Support for People with Dementia; Influenza and Pneumococcal Immunisations; Learning Disabilities and Patient Participation.

The practice staff includes a lead female GP, completing five sessions a week, two long term female locum GPs, completing seven sessions in total, a female independent nurse prescriber, completing two sessions a week, a female practice nurse completing 10 sessions a week, a health care assistant completing 25 hours a week and a team of reception/administrative staff.

The practice was open from 7am to 7pm on Monday, Thursday and Friday, from 8am to 8.30pm on Tuesday, from 7.30am to 7pm on Wednesday and from 8am to 1pm on Saturday. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am seven days a week and the NHS 111 service.

The provider is registered with the Care Quality Commission as an individual, to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, surgical procedures, and diagnostic and screening procedures.

The practice has significantly more females aged between 30 to 35 than national average and less males over 85.

We previously inspected the practice on 19 March 2015. CQC gave the practice an overall rating of requires improvement.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Practice Furzedown on 19 March 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

Reports of the aforementioned inspection can be found by selecting the 'all reports' link for The Practice Furzedown on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of The Practice Furzedown on 16 January 2017. This inspection was carried out to ensure improvements had been made.

## 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 the 16 January 2017.

# Detailed findings

During our visit we:

- Spoke with a range of staff including GPs, practice nurses and reception/administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

At our inspection on 19 March 2015 we found that:

The practice had not been monitoring fridge temperatures appropriately in terms of taking action

and escalating matters when the minimum or maximum fridge temperatures were exceeded. Vaccines were therefore not being stored appropriately, within cold chain guidance.

These arrangements had significantly improved when we undertook a follow up inspection on 16 January 2017. The practice is now rated as good for providing safe services.

### 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 and had significant events as a standing agenda item at their monthly practice meeting.

For example, following an incident where a patient had been given an immunisation which had already been administered. The incident was logged, discussed and the opportunity to reflect and change practice was identified by the practice. There had not been a repetition of such an incident since.

National patient safety alerts were disseminated by email and discussed in clinical and practice meetings and then

placed onto the practice computer system, which all staff had access to. We saw that the practice had responded to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts to ensure best practice.

### 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 for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two. Non-clinical staff were trained to level one.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Information about chaperones was available in the practice leaflet. All clinical staff who acted as chaperones were trained for the role and clinical staff who acted as chaperone 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. One of the practice nurses 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. The most recent was in January 2016. We saw evidence that action was taken to address any improvements

## Are services safe?

identified as a result. For example, recommendations were made for non-compliant chairs to be replaced to ensure there were impervious to moisture and this had been completed by the practice.

- At the previous inspection on the 19 March 2015 the practice had not been monitoring fridge temperatures appropriately in terms of taking action and escalating matters when the minimum or maximum fridge temperatures were exceeded. On this inspection, we saw that staff were now taking appropriate action, for example there was an effective system in place for recording and monitoring fridge temperatures and all staff had received training in medicines management. Staff had clear protocols to follow if the temperatures exceeded the maximum temperatures and the clinical staff completed daily spot checks on the recording of temperatures. There was also an external thermometer in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription pads were kept in a locked cupboard in reception, pad numbers were logged in on receipt and out when taken by the GPs or nurses. The practice manager checked uncollected prescriptions weekly. Prescriptions which were older than one week were returned to the GPs to follow up with the patient.
- 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. One of the nurses had qualified as an Independent Prescriber. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a GP. The health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (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 two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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. The most recent one was carried out in January 2017 and all non-clinical staff were trained as fire marshals.
- 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 last test was carried out in April 2016. 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). The last Legionella risk assessment was in February 2015.
- 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. Cover for sickness, holidays and busy periods was provided by two long term self-employed GPs.

### 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.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. They had a buddy system with another practice. Copies were available on the practice's computer system and in the employee handbook.



# Are services effective?

(for example, treatment is effective)

## Our findings

At our inspection on 19 March 2015 we found that:

There was some evidence that patients' needs were assessed and care was planned and delivered in line with current legislation; however annual reviews and joint care planning were below the QOF targets.

These arrangements had significantly improved when we undertook a follow up inspection on 16 January 2017 and QOF performance had improved. The practice is now rated as good for providing effective services.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

At the previous inspection on the 19 March 2015 low QOF performance was identified and not all patients over 75 years of age had a named GP. On this inspection, we saw that staff were now taking appropriate action. For example;

- We found that all patients aged over 75 years had a named GP.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) had increased and practice performance was at 71% comparable to the CCG average of 89% and the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months had increased and was at 85% comparable to the CCG average of 89% and national average of 87%.

### 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 overall QOF performance for the practice increased from 66% in 2014/15 to the practice achieving 93% of the total number of points available in 2015/16. Exception reporting was at 5.2%. (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 1 April 2015 to 31 March 2016 for diabetes performance related indicators showed that practice performance was lower than the national average but the practice had taken action to address the performance. For example;

- The percentage of patients on the diabetes register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 67% against the national average of 78%. There had been an improvement in the practice's achievement and figures collated on 31/3/16 showed the practice's current achievement was 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 58% against the national average of 77%. The practice's current achievement was 65% for this indicator and the patient list had been reviewed and all the patients who were not quite within the target were seen, with review dates set.
- The percentage of patients on the register whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 67% against the national average of 80%. The practice's current achievement was 70%. The practice informed that patients were not attending their appointments following numerous invitations and follow up appointments.



# Are services effective?

## (for example, treatment is effective)

The practice acknowledged the low performance and had recruited a practice nurse in the last 12 months and had analysed their QOF performance. To improve the performance, the existing nurse practitioner held a tier two clinic once a month, reviewing patients who had poor management of diabetes, looking at their diet and their understanding of their long term condition. There was also a recall system in place where patients were invited in for checks and offered appointments. New patient health checks were completed for all newly registered patients encouraging the early detection of diabetes. We saw that patients were sent regular invitation letters and telephone invites as well as verbal face to face invitations for diabetic appointments.

Home visits were carried out for those who did not attend the surgery. A member of the admin team had delegated responsibility for recalls of diabetic patient searches which were completed monthly and after patients had been contacted a number of times they were exception reported.

There was evidence of quality improvement including three clinical audits, and all of the clinical audits had been completed. For example,

- There had been two completed audits which had two completed cycles. The first audit was on the marker of diabetes, with the aim to identify whether the guidelines were being followed. During the first cycle in 2016, for five out of 30 patients the guidelines had not been followed. The practice had shared the quick guide guidelines with all clinicians to improve and maintain performance. During the second cycle in January 2017 the practice found that out of the 30 patients 29, had been tested according to the guidelines.

Information about patients' outcomes was used to make improvements such as: there was a physiotherapist who visited the practice once a week to see patients from the practice as well other practices. This meant more patients could be monitored and supported at the practice rather than at external services.

There was also a counsellor or who visited the practice twice a week and saw patients from the practice as well as from other practices with poor mental health.

### 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. Nurses attended regular update training in cervical screening and immunisation. All clinical staff were encouraged to attend local monthly protected education events where they received education and updates from the Clinical Commissioning Group (CCG).
- 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. All non-clinical staff were trained in how to take fridge temperatures and what to do and who to contact if the temperatures were out of the normal ranges.
- 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, 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.

# Are services effective?

## (for example, treatment is effective)

At our last inspection of 19 March 2015 letters were not scanned in a timely fashion and there were occasionally delays before scanned correspondence appeared against the electronic patient record. Staff were now taking appropriate action and we saw there were no outstanding items waiting to be scanned; all were acted upon immediately and there was a clear system for staff to follow.

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. For example, where a vulnerable patient was to be discharged from hospital, the practice notified the community matron who visited the patient in hospital and carried out an assessment to ensure suitable arrangements were in place before discharge.

Multi-disciplinary team (MDT) meetings took place on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. They were attended by the District Nurses. There were quarterly palliative care meetings and staff were met with from the local hospice. There were three patients on the palliative care register.

The practice kept a list of all patients who were at risk of unplanned admissions to hospital. A risk assessment was carried out monthly to identify any new patients to add to the list. These patients were discussed at monthly meetings. Clinical meetings took place on a fortnightly basis. All discharges and A&E attendances were reviewed to identify any necessary changes to be made to their care plans.

### 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 their diet, smoking and alcohol cessation and substance misuse. Patients were seen in specialist clinics run by the practice itself or were signposted to the relevant local service.
- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 95% and five year olds from 88% to 97%.

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. The practice manager kept lists of patients with conditions such as learning disabilities, mental health and long term conditions. This included the dates reviews were due and

## Are services effective?

(for example, treatment is effective)

whether a referral had been made if the patient had failed to attend their review. 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.

We received 46 patient Care Quality Commission comment cards which of 44 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. One highlighted concerns in difficulty getting an appointment and the other highlighted their experience with some reception staff as negative.

We met with two members of the PPG group, one of which was the chair. The members informed us the group met three to four times a year and there were 10 members. Clinical staff regularly attended. The issues recently discussed had been getting through on the phone to the practice to which the practice had responded by arranging for a new phone system to be implemented. We also spoke with one patient who highlighted the practice provided a caring and effective service.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's achievement was in line with national and CCG averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical CCG average of 90% and national average of 88%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 92%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% national average of 90%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average and national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey were below local and national averages where patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average 86% and national average of 86%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 82%.
- 73% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% national average of 81%.

The practice accepted that there was a variation in the number of patients who felt involved in the planning of their care and treatment and since the publication of the survey results, the practice had audited their results and completed practice patient surveys each month to monitor their patient satisfaction and accessibility. Each month patients were asked to complete a survey and rate their experience of making an appointment, their experience

## Are services caring?

with the GPs, nurses and reception staff and whether they would recommend the practice. The survey results had been analysed and the practice evidenced an improvement in patient experiences which was also reflected in the comment cards we received.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients as carers (below 1% of the practice list). A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were flagged on the practice's computer system and prioritised for appointments where necessary. Written information was available 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 and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

There was a learning disability register with six patients. The purpose of the register was to contribute to clinically audits, to ensure these patients had their annual checks and were recalled in for their health checks. To date all six patients had received their health checks.

- The practice offered evening appointments until 8.30pm on Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and vulnerable patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultations.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.

### Access to the service

The practice was open from 7am to 7pm on Monday, Thursday and Friday, from 8am to 8.30pm on Tuesdays, from 7.30am to 7pm on Wednesday and from 8am to 1pm on Saturday. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am seven days a week and the NHS 111 service.

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and the triaging and GP call back system had made the service more accessible.

The practice had a system in place to assess:

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

Patients who required a home visit were advised to contact the practice before 10am. The GP would then contact the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice advised that children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to a complaint concerning their experience with a locum GP, the patient was written to with

# Are services responsive to people's needs?

(for example, to feedback?)

an apology and a description of the action that would be taken. All complaints and learning were discussed at monthly practice meetings and were also reviewed on an annual basis to identify any themes and trends.



# Are services well-led?

Good 

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

## Our findings

At our inspection on 19 March 2015 we found that:

- Formal governance arrangements were not in place and staff were not aware how these operated.

These arrangements had improved when we undertook a follow up inspection on 16 January 2017. The practice is now rated as good for providing well led services.

### Vision and strategy

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

- The practice's mission statement was to provide best quality care and working together with other stakeholders
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained through quality improvement programmes which included auditing of quality outcome framework performance indicators, palliative care patients through monthly palliative care meetings, regular auditing of patients with long term conditions and poor mental health to ensure their annual reviews had taken place and there were agreed care plans.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- A programme of continuous clinical and internal audit to monitor quality and to make improvements had been commenced and two clinical audits had been completed.
- Regular clinical and all staff meetings were held. We saw minutes to evidence this.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the clinical staff 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 management 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 practice encouraged a culture of openness and honesty and had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the GPs in the practice. All staff were involved in



# Are services well-led?

Good 

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

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.

- Staff were encouraged to develop in their careers and were well supported by the practice management to do so. For example, staff were supported to attend training courses and further their skills.

## **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 and submitted proposals for improvements to the practice management team.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **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 had participated in CCG pilot which focussed on improving access care for patients with the practice collating data on appointments over a two week period and was in the process of analysing the results.