

Riverhouse Medical Practice

Quality Report

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Date of inspection visit: 10 December 2015

Date of publication: 18/03/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Riverhouse Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverhouse Medical Practice on 10 December 2015. Overall the practice is rated as requires improvement.

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, however, policies were not always followed in the reporting of safeguarding concerns and the recording of complaints.
- Risks to patients were assessed and well managed with the exception of those relating to safeguarding.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity, and whilst these were available to staff on the practice's computer system, not all staff knew how to access them.
- 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.

We saw following areas of outstanding practice:

- The practice liaised closely with leaders of the local muslim community, which allowed them to gather up-to-date information about current issues facing the community, such as FGM, and to promote social

Summary of findings

inclusion. In response to the needs of this community the practice ran educational drop-in sessions prior to Ramadan for diabetic patients in order to provide them with information about how to manage their diabetes whilst fasting. This was attended by around 30 patients in 2015.

The areas where the provider must make improvement are:

- They must put in place the correct and up-to-date legal authorisations required for staff to carry out their roles safely.
- They must ensure that all staff follow their safeguarding procedure and that all concerns about the welfare of vulnerable people are escalated appropriately.

- They must ensure that all complaints, including those responded to verbally, are recorded.
- They must ensure that any out-of-date medications and vaccines are promptly disposed of.
- They must ensure that processes are put in place to monitor that all clinical staff receive medicines alerts and patient safety alerts.

In addition, the provider should:

- Review their policy on the storage of prescription pads and ensure that this is followed by all staff.

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 inadequate for providing safe services.

Inadequate



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Staff followed the practice's processes with regards to significant events, however, with regard to raising safeguarding concerns, we found evidence that processes were not followed by staff in all cases.
- Although risks to patients who used services were assessed, we found that in some cases there was a lack of documentation to show that there were systems and processes in place to address these risks.
- The legal authorisation to allow nursing staff to administer medication was not in place.
- Electronic Prescriptions were not locked away overnight.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than 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.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

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

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified; for example, in the piloting of the in-house D-Dimer testing kit to reduce hospital admissions due to deep vein thrombosis.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and as all complaints were immediately addressed in person or by telephone by the practice manager, issues raised were responded to quickly. However, as the practice did not keep a written log of complaints which were resolved verbally, there was no formal record of the issues complained about and the action taken as a result.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- There was a clear leadership structure and staff said they felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk, however, in some cases risk mitigation plans were not documented.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

Requires improvement



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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 provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice liaised with the local pharmacy to arrange for home delivery of medications for those less able to collect them.
- The practice made use of local services to support older people in the community and prevent unnecessary admissions to hospital by referring patients to schemes such as the HARI (Holistic Assessment and Rapid Investigation) service, Rapid Response Team, Falls Prevention Service, and the Community Prevention of Admission team.
- The proportion of patients with dementia at the practice who had received a face to face review in the past 12 months was 90%, compared to a CCG and national average of 84%.
- The proportion of patients at the practice over the age of 65 who received flu immunisation was comparable to the national average.

Requires improvement



People with long term conditions

The provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data showed that the practice performed in line with local and national averages in the monitoring of patients with diabetes, however, the practice had a comparably low performance in the uptake of influenza immunisation amongst diabetic patients.

Requires improvement



Summary of findings

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

Families, children and young people

The provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The GP responsible for carrying-out postnatal checks worked with the nurse to schedule appointments for vaccinations at the same time, in order to ensure high uptake and convenience for mothers.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Gillick update training was provided as part of an in-house training session on consent.
- The percentage of women who had received cervical screening in the past 5 years was 81%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A dedicated private room adjacent to the waiting area was available for breast feeding.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The uptake of cervical screening was comparable to local and national averages.

People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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. However, safeguarding processes were not followed in all cases.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safety and requires improvement for responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 90% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the local and national averages of 85%.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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 and regularly referred patients to local schemes.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The results of the national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. Four hundred and twenty five survey forms were distributed and 25.2% were returned.

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 77% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 84% said the last appointment they got was convenient (CCG average 88%, national average 91%).

- 71% described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 61% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. The key themes mentioned by patients on the comment cards were that staff at the practice were caring and helpful and that they took time to listen and gave good advice.

We spoke with seven patients during the inspection, all of whom told us that they were happy with the care they received and thought that staff were approachable, committed and caring.

Riverhouse Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC Inspector, a CQC Inspection Manager, and a GP specialist adviser.

Background to Riverhouse Medical Practice

Riverhouse Surgery provides primary medical services in Merton to approximately 5500 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The practice population has a higher than CCG average representation of income deprived children and older people. The practice population of children aged under 4 and people aged between 25 and 39 is significantly higher than national averages, and the proportion of people aged over 49 is significantly lower than the national average. Of patients registered with the practice, the largest group by ethnicity are White (74%). Asian patients make up the second largest group at 14% of the practice population, and this figure has risen by 22% in the past 5 years.

The practice operates from purpose-built premises. All patient facilities are on the ground floor and are wheelchair accessible and the practice has access to four doctors' consultation rooms and one nurse consultation room. The practice team at the surgery is made up of two full time male GPs who are partners, one part time female salaried GP completing four sessions per week, one part time

regular locum GP, and a part time (32hrs per week) female practice nurse. The practice team also consists of a practice manager, and five part time administrative and reception staff members.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11am every morning, and 4.30pm to 6.30pm every afternoon apart from Thursdays when the practice is closed for GPs to carry-out home visits. Extended hours surgeries are offered between 6.30pm and 8pm on Mondays and Wednesdays.

When the practice is closed, out of hours care is provided by Care UK.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, maternity and midwifery services and treatment of disease, disorder or injury.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 December 2015. During our visit we:

- Spoke with a range of staff (GPs, nurse, practice manager, reception and administrative staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 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)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

For example, following an incident where a prescription was handed to the patient's relative in error, the principal GP contacted the patient immediately to inform them of the error and to apologise. The practice's policy was then updated to ensure staff were clear about their responsibilities with regards to confirming an individual's identity before handing them a prescription, and staff were provided with additional training.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff, however, these were not always followed. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, and staff we spoke to at all levels were aware of how to report a concern. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the practice nurse were trained to Safeguarding level 3 and non-clinical staff had received in-house safeguarding

training, provided by one of the GPs during a staff meeting; minutes of this meeting were viewed during the inspection. However, during the inspection, we became aware of a child safeguarding concern which had not been appropriately referred. This was completed the day after our visit.

- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check service (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and the most recent audit showed the practice to be largely compliant, however, the audit did not record any action or risk assessment being carried out for the areas which did not comply to the required standards.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Upon checking the process for keeping medicines at the practice we found that checks were regularly completed to ensure that stocks were adequate and in-date, however, we observed that the checklist used did not include a record of expiry dates. We also found that there were some out-of-date vaccines in the bottom drawer of one of the fridges.
- The practice carried out some medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription sheets were stored in printer trays in consultation rooms and we were informed that they were kept there overnight. We also observed that consultation rooms were not always kept locked when they were unoccupied.
- The practice had been relying on using generic Patient Group Directions (PGDs) provided by the CCG to provide

Are services safe?

legal authorisation for nursing staff to administer medicines (which would require tailoring to the practice by having the nurse's details and the authorising clinician's signature added). We were informed by the practice that there had been a problem with downloading the most recent of these. The practice had made no alternative arrangements in the interim, which meant that nursing staff were administering medicines without the required legal documentation being in place.

- The practice had a very low turnover of staff and most employees had worked at the practice for a number of years. We reviewed the recruitment paperwork of the one member of non-clinical staff who had joined the practice in the past year and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service (DBS). We found that DBS checks had been completed for all other staff and that appropriate professional registration checks were periodically carried-out on relevant clinical staff.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment

was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises, such as infection prevention and control and legionella.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and we were informed that both clinical and non-clinical part time staff were happy to work additional hours to cover leave and sickness.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Whilst there was a process in place for the two partners to sign a print-out of medicines updates and patient safety alerts received, in order to confirm that they had read them, this process was not extended to the salaried/regular locum GPs or the nurse. We were told that partners spoke to the clinical staff to pass on update information verbally, however, we saw no evidence of these conversations being minuted. We saw no evidence of audits or checks being carried-out by the practice to ensure that updated guidelines were being appropriately implemented.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 93.6% of the total number of points available, with a 1.9% overall exception reporting rate. The results showed:

- Performance for diabetes related indicators was largely comparable to the CCG and national average at 78% overall compared to 86% for the CCG and 89% nationally. However, there was a large variance for the proportion of diabetic patients who had received an influenza immunisation which was 74% for the practice, compared to a CCG average of 90% and a national average of 94%. We were informed by the practice that due to a significant proportion of their patients going abroad during the winter months, it was a challenge to ensure that patients attended for their flu vaccination. There was also a

large variance in the proportion of the practice's diabetic patients who had a last measured total cholesterol of 5 mmol/l or less, which, at 66%, was below the local average of 77% and national average of 81%.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was similar to the CCG and national average at 83% (CCG and national average is 82%).
- Performance for mental health related indicators was similar to the CCG and national average, with the practice achieving 96% of the total points available, compared to a CCG average of 94% and national average of 93%.
- The practice had carried-out a face to face review of patients with dementia in 90% of cases, which was above the CCG and national average of 84%.
- Clinical audits demonstrated quality improvement.
- There had been two complete audit cycles completed in the last two years, and one initial audit. Audit findings were used by the practice to improve services. For example, following an audit of the prescribing of broad spectrum antibiotics, the practice implemented several measures, such as producing information leaflets to patients regarding common illnesses (noting that studies show patients are less likely to request antibiotics if advised what to expect during the course of an illness), ensuring that all prescribers in the practice had access to the CCG's guidance on the choice of antibiotic, and ensuring ongoing dialogue with the CCG pharmacist. As a result, the percentage of total antibiotics prescribed reduced by 0.14% (from 1.4% to 1.26%) and the percentage of broad spectrum antibiotics reduced by 6% (from 23.4% to 17.4%).

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updates for relevant staff, such as for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We were informed that all non-clinical staff had received safeguarding training during an in-house training session in May 2015, however, some staff we spoke to could not recall receiving safeguarding training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- In general the practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients requiring healthy living advice were directed to the LiveWell service, which is a CCG initiative and is based at the practice one afternoon per week.
- The practice supported the CCG's Expert Patient Programme and encouraged its patients to get involved. One of the practice's patients was a trainer for the programme.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. Staff explained that it had been recognised that due to cultural reasons, the uptake of cervical screening by Asian women is typically lower than national averages, and staff at the practice had therefore been proactive in promoting screening to female Asian patients when they attended for other appointments.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 91% and five year olds from 52% to 95%.

Are services effective? (for example, treatment is effective)

Flu vaccination rates for the over 65s were 71%, and at risk groups 50%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that 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.
- A private room off of the waiting room was available for mothers to breast feed.

All of the 38 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with the chair of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's scores were in line with CCG and national averages. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 82%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 87%, national average 90%).
- 77% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 78% , national average 81%).

Staff told us that translation services were available for patients who did not have English as a first language. Staff at the practice spoke many of the languages spoken by the local population, and information about this was provided in the practice leaflet.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified seven carers which represented less than 1% of the practice list. Posters were available in the reception area informing patients that they should notify the practice if they were a carer.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a

flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Posters with information about local bereavement support organisations were available in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, in order to reduce hospital admissions for patients with deep vein thrombosis, the practice participated in the piloting of D-Dimer in-house testing kit.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. The practice had received additional funding for a drop-in children's clinic in 2014/15, this funding was stopped for 2015/16 however the practice continued with the clinic due to the benefits it delivered to patients.
- There were disabled toilet facilities and translation services available.
- A discreet breast feeding area was available in the waiting room at the practice for nursing mothers.
- The practice liaised closely with leaders of the local muslim community, which allowed them to gather up-to-date information about current issues facing the community, such as FGM, and to promote social inclusion. In response to the needs of this community the practice ran educational drop-in sessions prior to Ramadan for diabetic patients in order to provide them with information about how to manage their diabetes whilst fasting. This was attended by around 30 patients in 2015.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11am every morning and 4.30pm to 6.30pm daily apart

from on Thursdays when the practice was closed in the afternoon to allow GPs to make home visits and to see patients with complex needs. Extended hours surgeries were offered from 6.30pm to 8pm on Mondays and Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them and we were informed by staff that all patients requiring an urgent appointment would be seen each day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 54% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 80% of patients said they could get through easily to the surgery by phone (CCG average 60%, national average 70%).
- 71% patients described their experience of making an appointment as good (CCG average 66%, national average 73%).
- 61% patients said they usually waited 15 minutes or less after their appointment time (CCG average 55%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including posters and leaflets were available in the waiting room and there was information about making a complaint on the practice's website.

A formal complaints process was in place and staff knew how to advise patients about making a complaint. In order

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

to ensure that complaints were dealt with quickly and efficiently, patients were encouraged to speak to the practice manager in the first instance. The practice manager informed us that in most cases she was able to resolve the complaint without the patient needing to take the matter any further. However, the practice did not keep a record of complaints which were resolved informally and

therefore there were no complaints recorded on the practice's complaints log for the past 12 months. The failure to record these complaints meant that the opportunity to share learning and identify trends was limited and we did not see any evidence of patients concerns being discussed in practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement, however, not all staff were aware of this.

Governance arrangements

The practice had an overarching governance framework which 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.
- There was a comprehensive understanding of the clinical performance of the practice.
- There was a programme of clinical audit prompted by the CCG which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, however, in the case of infection control there were some areas for improvement regarding the recording of risk assessments and mitigation plans.
- Policies were available to all staff via the practice's computer system. However, policies were not followed in all instances, for example, in the reporting of safeguarding concerns, the storage and dispensing of medicines, and the recording of complaints.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice. They aspired to provide high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents, however, we found that in many cases complaints were not recorded and we found no evidence of complaints being discussed in practice meetings..

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and apology.

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

- Staff told us that the practice held regular team meetings and we viewed a selection of minutes of these meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and comments received via both direct contact with patients and the online comment facility on their website. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from patients regarding the appointment system, changes were made to enable more patients to access urgent appointments. The practice also gave the example of having changed the layout of the seating in the waiting room and adding the breast feeding area in response to feedback from patients.
- The practice had also gathered feedback from staff through staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

Are services well-led?

Requires improvement



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

colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and several members of staff described the staff team at the practice as feeling like a small family.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice, for example, the practice team had run several teaching seminars which had been attended by both their own staff and staff from other local practices.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment</p> <p>The provider had not ensured the correct and up to date legal authorisations were in place required for staff to carry out their roles safely.</p> <p>The provider had not ensured that all out of date medicines were disposed of.</p> <p>This was in breach of regulation 12 (1) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding services users from abuse and improper treatment</p> <p>The provider had failed to protect patients from harm because the practice's safeguarding policy was not followed in all instances.</p> <p>This was in breach of regulation 13 (3) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p>

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 16 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints

The provider had not ensured all complaints received and actions taken were recorded.

This was in breach of regulation 16 (2) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

The provider had failed to ensure that processes were in place to monitor that all clinical staff had received medicines alerts and patient safety alerts.

This was in breach of regulation 17 (2)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.