

# Thurleigh Road Practice

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	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 Thurleigh Road Practice on 2 February 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had 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 urgent appointments available the same day; however, continuity of care was identified by patients as an issue as there was often a long wait to see a named or preferred GP.
- 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, and had an active Patient Participation Group (PPG).
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice;

The practice recognised that their relatively high proportion of children and young people, particularly those aged under 5, were also frequent service users. This prompted the practice to set up and run parenting courses for local families. The practice has seen a reduction in out of hours Accident & Emergency (A&E) department admissions since the courses started, prompting the local CCG to roll out the courses to other practices.

# Summary of findings

Areas where the practice should improve;

The practice should review ways to improve patient access to their named or preferred GP.

The practice should ensure more carers are identified from the patient list.

The practice should ensure more patients diagnosed with asthma receive an annual review of their condition.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice 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.
- 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



# Summary of findings

## Are services responsive to people's needs?

Good



The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example the practice offered a stress management course for patients in the locality.
- The practice recognised that their relatively high proportion of children and young people, particularly those aged under 5, were also frequent service users. This prompted the practice to set up and run parenting courses for local families. The practice has seen a reduction in out of hours Accident & Emergency (A&E) department admissions since the courses started, prompting the local CCG to roll out the courses to other practices.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day, however continuity of care was identified by patients as an issue as there was often a long wait to see a named or preferred GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered free yoga classes in a purpose built area of the practice for over 65's. Weekly classes were regularly fully booked and patients told us that this was a fun way to keep active and socialise.
- 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.

## Are services well-led?

Good



The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered free yoga classes in a purpose built area of the practice for over 65's. Weekly classes were regularly fully booked and patients told us that this was a fun way to keep active and socialise.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were high achievements for health indicators from 2014/15 for patients with diabetes. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 97% compared to a national average of 88%.
- Patients with diabetes had high uptake of the influenza vaccination at 99% compared to the national average of 94%.
- 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.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.

Good



# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- In the last 12 months, 71% of 455 patients on the register diagnosed with asthma had an asthma review, compared to the Clinical commissioning Group (CCG) average of 81% and the national average of 84%.
- 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 had been performed in the preceding 5 years was comparable to Clinical Commissioning Group (CCG) and national averages at 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice recognised that their relatively high proportion of children and young people, particularly those aged under 5, were also frequent service users. This prompted the practice to set up and run parenting courses for local families. The practice has seen a reduction in out of hours Accident & Emergency (A&E) department admissions since the courses started, prompting the local CCG to roll out the courses to other practices.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Sexually transmitted disease self-screening kits were available in discreet areas of the practice to maintain dignity of people using the service, particularly the high numbers of people under 18 years of age.

## **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 offered extended hours appointments from 7.30am until 8.00am and 6.30pm until 7.30pm Monday to Friday, aimed at working patients who could not attend during normal opening hours.

Good



# Summary of findings

- 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, including text message reminder services and 26% of the patient list had active online booking accounts.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for the 15 patients with a learning disability registered at the practice and 93% of these patients had received a health check in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## People experiencing poor mental health (including people with dementia)

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

- The practice scored highly, exceeding national averages, in all mental health related indicators including;
- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months was 92% which was better than the national average of 84% and;
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 97% compared with a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



# Summary of findings

- 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, including offering access to a stress management course at the practice.
- 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 published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 355 survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 76% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients who commented told us that the staff at the practice were caring and professional, helpful, polite and friendly. Comments were also received describing individual members of clinical staff as fantastic, considerate and exemplary.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, some patients told us that there was often a long wait for pre-booked appointments and in particular to see a preferred GP.

# Thurleigh Road 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 GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Thurleigh Road Practice

Thurleigh Road Practice provides primary medical services in Balham to approximately 12,400 patients and is one of 43 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England with lower than CCG and national average representation of income deprived children and older people. The practice population has a higher than CCG average percentage of children under 15 and working age people, with a lower than CCG average of young people aged 15 to 24 years of age and people aged 50 or older. The practice had surveyed the ethnicity of approximately 60% of the practice population and had determined that 41% of patients were identified as White, 2% Asian, 1% Black and 56% as having mixed or other ethnicity.

The practice operates from a purpose-built property with most patient facilities on the ground and first floors, both wheelchair accessible. There are offices for administrative and management staff on the second floor alongside a flexible space used for patient activities such as yoga, staff training events and practice meetings. All three floors are accessed via a lift or stairs.

The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice team at the surgery is made up of two part time male and two full time female GP partners along with one full time female management partner. There is one full time male salaried GP and five part time female salaried GPs. Thurleigh Road is a training practice with two full time female GP registrars. The doctors provide 63 clinical sessions per week.

The nursing team consists of one part time female senior nurse practitioner, one part time female nurse prescriber and one part time female practice nurse. Thurleigh Road also employs one part time female health care assistant.

There are 11 administrative and clerical staff including one part time management partner and one full time practice manager. There are 9 reception staff including a full time reception supervisor and a part time senior receptionist.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.00am to 6.30pm daily. Extended surgery hours are offered from 7.30am until 8.00am and 6.30pm until 7.30pm Monday to Friday. The practice does not open at weekends. The practice has opted out of providing out of hours (OOH) services to their own patients between 6.30pm and 8.00am and directs patients to the OOH provider for Wandsworth CCG.

Thurleigh Road Practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury.

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff including four GPs, two nurses, four reception staff, three administrative staff and two staff from the practice management team.
- Spoke with 11 patients who used the service, including three members of the patient participation group.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of four patients.
- Reviewed 28 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The 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. For example, a patient who attended the practice suffering from a diabetic condition was nearly treated with a medicine that was out of date. The medicine was subsequently replaced and added to the practice schedule of emergency medicine checks. We saw that these checks were taking place and that all emergency medicines were stored correctly and in date.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, a patient was given a diagnosis over the phone without having a consultation with a doctor. The practice provided the patient with a full verbal and written apology and we saw that similar incidents had not occurred since then. All non-clinical staff were given additional training concerning confidentiality and specific examples from the practice were used in the training.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, nurses to level 2 or 3 and non-clinical staff to safeguarding level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 policy was to ensure that chaperones were clearly identifiable when carrying out their role by wearing chaperone badges.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

## Are services safe?

(Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions (PSD) are the traditional written instructions, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five 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.
- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than or similar to the Clinical Commissioning Group (CCG) and national average, for example;
  - The percentage of patients, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 80%, compared to a CCG average of 77% and the national average of 80%.
  - The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 97%, compared to a CCG average of 88% and a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average, for example;

- The percentage of patients with hypertension in whom the last blood pressure reading, measured in the preceding 12 months, is 150/90mmHg or less was 81%, similar to the CCG average of 81% and the national average of 84%
- Performance for mental health related indicators was better than the CCG and national average, for example;
  - 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, was 98% compared with a CCG average of 90% and a national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 92% compared with a CCG average of 87% and a national average of 84%

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example;
- The practice audited patients who were prescribed a particular painkiller, used for medium to long term chronic pain management. This medicine had been highlighted in clinical guidelines as potentially having serious adverse side effects if increased doses were prescribed and used in conjunction with other medicines. During the first cycle of the audit, the practice found that four patients were receiving doses higher than recommended. These patients had a review of their conditions and the medicines they were taking and were monitored in order to respond to any adverse side effects that they may present with. The practice put in place a clinical policy to ensure other patients were kept safe by being prescribed no more than ten doses of the painkiller. The second audit cycle showed that no patients had been prescribed more than the recommended dose. Audit updates and findings were shared amongst practice clinical staff at regular clinical meetings.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff received mandatory training that included: safeguarding, 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- We also saw examples where other staff were able to develop and improve including the mentoring of nurses to become nurse practitioners.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings, such as end of life care and safeguarding meetings, took place every three months and that care plans were routinely reviewed and updated. Monthly team meetings with health visitors and district nurses also took place and discussed the needs of the practices' patients.

We saw that weekly clinical team meetings were held discussing a range of topics and providing updates on recent information releases and medical alerts.

### 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 records audits.

### Supporting patients to live healthier lives

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, the elderly and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant services offered on site or through external service provision.
- The practice also identified patients in these groups in need of additional support who were placed on a higher priority 'gold' list with other high priority patients. This group included patients with mental health conditions, patients receiving end of life care, and patients whose

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

circumstances made them vulnerable. These patients were regularly reviewed at monthly multi-disciplinary team meetings and were prioritised for appointments and home visits.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages for 2014/15. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 96% and five year olds from 63% to 93%.

Flu vaccination rates for the over 65s were 71%, and at risk groups 48%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks including for new patients, NHS health checks for people aged 40–74 and healthchecks for patients with learning difficulties. 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.
- The practice offered self-screening kits for sexually transmitted infections such as chlamydia and these were available in discreet areas of the practices such as toilets

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients who commented told us that the staff at the practice were caring and professional, helpful, polite and friendly. Comments were also received describing individual members of clinical staff as fantastic, considerate and exemplary. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staff were approachable, committed and caring. However some patients told us that there was often a long wait for pre-booked appointments and in particular to see a preferred GP.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity

and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses and satisfaction scores for reception staff were below average, for example:

- 94% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 87%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 95% 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 86%, national average 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 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 or better than local and national averages. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

## Are services caring?

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.

### **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 90 patients as carers, equating to 0.7% of the practice list. Carers had access to longer appointments and were approached for annual health checks and also offered influenza vaccinations during flu season. Written information was

available to direct carers to the various avenues of support available to them. When we spoke to patients, they told us that the practice offered whole family support, as well as support for carers and patients.

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. Bereavement services information was available in reception and waiting areas. Staff told us that both clinical and non-clinical staff had previously attended the funerals of patients, in particular elderly patients who had been registered with the practice for a long time and whom staff knew well.

# 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). The practice was involved in the local GP Federation, a network of GP Practices in the area which shared their services within the local community, meaning patients could be referred to a different practice for services such as diagnostic screening, blood tests and health promotion schemes, improving access and reducing waiting times for patients who may otherwise be referred to a hospital. The practice also offered a stress management course for patients in the locality.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, for example;

- The practice offered extended hours appointments from 7.30am until 8.00am and 6.30pm until 7.30pm Monday to Friday, aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, carers and other priority groups. Patients identified on these lists were also reviewed and considered for a higher priority 'gold' list of those patients most in need of additional care or monitoring.
- Patients most at risk and included on other vulnerable patients lists were prioritised on a separate 'gold' list of patients most at risk or whose needs required even more attention above that of those already at risk.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Travel vaccination services also included advice and guidance about other more advanced travel needs such as medical equipment and skills for expeditions and journeys to remote areas for adventurous travellers.
- There were disabled facilities, a hearing loop and translation services available, with longer appointments booked for patients who made use of translation services.

- Parent and baby areas were made available and the practice welcomed and encouraged breastfeeding throughout the practice.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice offered free yoga classes in a purpose built area of the practice for over 65's. Weekly classes were regularly fully booked and patients told us that this was a fun way to keep active and socialise.
- The practice recognised that their relatively high proportion of children and young people, particularly those aged under 5, were also frequent service users. This prompted the practice to set up and run parenting courses for local families. The practice has seen a reduction in out of hours Accident & Emergency (A&E) department admissions since the courses started, prompting the local CCG to roll out the courses to other practices.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.00am to 6.30pm daily. Extended surgery hours were offered from 7.30am until 8.00am and 6.30pm until 7.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to three months in advance, same day urgent and emergency appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 80% and national average of 75%.
- 71% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 28% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 60%).

# Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them. However some patients told us that there was often a long wait for pre-booked appointments and in particular to see a preferred GP.

## **Listening and learning from concerns and complaints**

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

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

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled; they were dealt with in a timely way and with both openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was received from a patient who had not been given information about the fees for non-NHS services. The complaint was investigated by the practice management team and the patient was sent a written apology and explanation of what had happened. The letter also explained what had been done to improve, including additional awareness training for staff on the fees for non-NHS services and extra notices and information sheets available at reception.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

### Governance arrangements

The practice 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, including using CCG data to inform the practice of its performance compared to similar practices in the area. This was discussed at practice clinical meetings.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us they were approachable and always took 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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did. We noted team away days were held at least every 12 months and often included informal social and team building events more frequently.
- 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.

### 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.
- There was an active PPG which met every two months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice worked with the PPG to deliver a text message reminder service, improve the telephone answering services and had been involved in organising health awareness seminars such as a Basic Life Support seminar for patients.
- The practice used the PPG to gather intelligence from patients on what information they would like to see from the practice. The practice told us they would be

# Are services well-led?

Good 

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

developing short videos for patients on topics including; when to see a doctor, how to manage back pain and how to recognise and manage stress, anxiety and depression.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and group discussion. Both clinical and non-clinical 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 strong focus on continuous learning and improvement at all levels within the practice. The practice encouraged registrars to move away from the practice at the end of their training to develop and learn, inviting them to return should they choose to. We noted that all of the current practice salaried GPs and two GP partners were previously registrars at the practice. We also saw examples where other staff were able to develop and improve including the mentoring of nurses to become nurse practitioners. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example the practice developed a sexually transmitted disease management service with a local hospital which is accessed by patients across the Clinical Commissioning Group (CCG).