

# Roselawn Surgery

## 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 Roselawn Surgery on 8 November 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.
- Overall, risks to patients were assessed and well managed; however, further consideration of the role of the nurse practitioner was needed in order to ensure that risks are identified and mitigated.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment; however, further consideration of the role of the nurse practitioner was needed in order to ensure that arrangements are in place to monitor and support this extended role.
- 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; however, patients had to request complaints leaflets from reception staff. Improvements were made to the quality of care as a result of complaints and concerns.
- Overall, patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had considered feedback they had received about appointments running late, and had made changes to their appointment system in order to address this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had effective governance arrangements in place; however, in some cases records, such as meeting minutes and records of audits, lacked detail.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- They should risk assess the role of the nurse practitioner, including a consideration of the scope of her knowledge and competence, and ensure that arrangements are in place to mitigate the risks identified.
- They should review the risks associated with allowing staff to begin work at the practice without full background checks having been completed, to ensure that these are adequately mitigated.
- Ensure that complaints leaflets are available to patients without them needing to request them.
- Ensure that more detailed records are kept of management activity, such as meeting minutes and records of audits.

**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 requires improvement for providing safe services.

Good



- Overall, risks to patients were assessed and well managed; however, they had failed to risk assess the role of the nurse practitioner to ensure that the risks associated with this extended role were mitigated.
- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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; however, the practice had failed to fully consider the remit of the nurse practitioner's prescribing role.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had a high proportion of patients who did not speak English, and they were working with a local organisation which provided English language courses, which allowed them to refer patients for English classes.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Some patients commented that appointments often ran late.
- 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; however, complaints leaflets had to be requested from reception. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings; however, records of meetings did not always contain sufficient detail to benefit staff who had not attended the meeting.

Good



# Summary of findings

- 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; however, some risks had not been thoroughly assessed.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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 had patients who resided in a local care home and a nursing home, and the managers from these homes were members of the practice's Patient Participation Group. We met with the deputy manager of one of the homes and received a comment card from the manager of another.
- The practice met regularly with district nurses, community matrons and the local palliative care team to ensure that the needs of older patients were addressed.

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.
- Overall, performance for diabetes related indicators were comparable to the CCG and national averages. The practice achieved 96% of the total QOF points available for diabetes indicators, compared with an average of 96% locally and 90% nationally
- 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.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data available at the time of the inspection showed that cervical screening had been carried-out for 88% of women registered at the practice aged 25-64, which was comparable to the CCG average of 83% and national average of 82%. However, their exception reporting rate for cervical screening was higher than average at 12% compared to 9% locally and 6% nationally; they explained that this reflected the cultural beliefs of a large proportion of their patient population.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and the local health visitor, who was based at the practice.

## **Working age people (including those recently retired and students)**

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included the introduction of a Facebook page in order to better engage with patients in this age group.
- The practice provided a full package of travel immunisations, including yellow fever.

Good



## **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, refugees and asylum seekers, and those with a learning disability.

Good





# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified that they had a high proportion of patients who did not speak English. All of the GPs were multilingual and spoke the same languages (Hindi and Tamil) as a large group of their patients, and they would conduct consultations with patients in these languages. A pack of information in other languages was available to assist staff in communicating with non-English speaking patients and to provide them with information about services available.
- During the inspection we spoke to the manager of a local care home for people with learning disabilities, who told us that the practice provided an excellent service to their patients.

## 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 had 38 patients diagnosed with dementia and 81% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG and national average of 84%; however, the practice had a 0% exception reporting rate for this indicator, compared to an average of 6% locally and 7% nationally.
- The practice had 60 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 94% of these patients, compared to a CCG average of 96% and national average of 89%. They had a 0% exception reporting rate for this indicator, compared to a local average of 12% and national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty eight survey forms were distributed and 121 were returned. This represented approximately 2% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were mostly positive about the standard of care received. Patients commented that they receive an excellent service and that staff are caring and patient. We received three negative comments, two related to difficulties in making appointments and appointments running late, and one comment related to the attitude of staff.

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

# Roselawn Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

## Background to Roselawn Surgery

Roselawn Surgery provides primary medical services in New Malden to 5,946 patients and is one of 23 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 14%, which is higher than the CCG average of 12%; and for older people the practice value is 15%, which is higher than the CCG average of 13%. The practice has a lower proportion of patients aged 55+ than the national average, and a higher proportion of male patients aged between 35 and 54. Of patients registered with the practice, the largest group by ethnicity are white (64%), followed by Asian (26%), mixed (4%), black (3%) and other non-white ethnic groups (3%).

The practice operates from a 2-storey converted residential premises. A small amount of car parking is available at the practice, and there is space to park in the surrounding streets. The reception desk, waiting area, and four consultation rooms are situated on the ground floor. The practice manager's office, two consultation rooms, the health visitor's room, and a storage room are situated on the first floor. A lift is available.

The practice team at the surgery is made up of one part time female GP and two part time male GPs who are partners, in addition, one part time female salaried GP is employed by the practice. The practice also employs one part time female nurse, one part time nurse practitioner, and one part time healthcare assistant. In total 18 GP sessions and five nurse practitioner sessions are available per week. The clinical team are supported by a practice manager, reception manager, four reception/administrative staff, and a secretary.

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 8:30am and 7:30pm on Mondays and until 7pm on every other week day apart from Thursdays when the practice is closed from 1pm. Appointments are from 9am to 12pm every morning, and 4pm to 6:30pm every afternoon apart from Thursdays when the practice is not open for routine appointments (during this time GPs can be contacted by telephone to respond to emergencies). Extended hours surgeries are offered between 6:30pm and 7:30pm on Mondays and between 6:30pm and 7pm on Tuesdays.

When the practice is closed patients are directed to contact the local out of hours service.

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; treatment of disease, disorder or injury; surgical procedures; and family planning.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## 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 8 November 2016. During our visit we:

- Spoke with a range of staff including the practice manager, GPs, nurses and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient had suffered a cardiac arrest at the practice, an evaluation of the incident was carried-out, including a de-brief for staff involved. As a result of the incident, the practice decided that they must have a supply of oxygen available for emergencies, and they also provided staff with further training about how to position patients who are acutely unwell to ensure that the patient is kept safe and comfortable.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child safeguarding level 3 and administrative staff were trained to 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 (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 nurse practitioner 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, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an independent prescriber (nurse practitioner) and could therefore prescribe medicines. The nurse practitioner saw patients with any condition provided they were aged over 12 months. There were no limits placed on the types of medicines the nurse practitioner could prescribe or the conditions she could diagnose. The nurse practitioner was encouraged to bring examples of patients she wished to discuss to clinical meetings, but

## Are services safe?

there were no arrangements in place for one to one supervision to support her in this extended role. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed five personnel files and found appropriate recruitment checks, such as proof of identification, references, qualifications and registration with the appropriate professional body were all undertaken prior to employment. We saw evidence that the practice had carried-out Disclosure and Barring Service (DBS) checks on all clinical staff prior to employment. The practice had completed a risk assessment to determine which members of non-clinical staff should receive a DBS check prior to starting work, based on whether the role required them to be alone with patients.

### Monitoring risks to patients

Overall, risks to patients were assessed and well managed.

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

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

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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 patients' needs.
- The practice used audits to monitor that these guidelines were followed.

### 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 99% of the total number of points available. Their exception reporting rate was lower than local and national averages at 8% (CCG average 12% and national average 10%). (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 2015/16 showed:

- Performance for diabetes related indicators were better than the CCG and national averages. The practice achieved 96% of the total QOF points available, compared with an average of 96% locally and 90% nationally; however, their exception reporting rate for the percentage of patients newly diagnosed with diabetes who were referred to a structured educational programme was 65%, compared to a CCG average of 21% and national average of 23%. The practice were unsure about the reason for this; however, we were told they worked closely in-house with newly diagnosed diabetics to provide them with advice and support, particularly those who were unable to speak English.

- The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 91%, which was better than the CCG average of 81% and national average of 78%.
- The proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 78%, compared to a CCG average of 83% and national average of 78%.
- The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 96% (CCG average 90% and national average 89%).
- The practice had 38 patients diagnosed with dementia and 81% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG and national average of 84%; however, the practice had a 0% exception reporting rate for this indicator, compared to an average of 6% locally and 7% nationally.
- The practice had 60 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 94% of these patients, compared to a CCG average of 96% and national average of 89%. They had a 0% exception reporting rate for this indicator, compared to a local average of 12% and national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits carried out in the last two years, 13 of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had conducted an audit of patients with asthma to check that their treatment was in line with guidance. The audit demonstrated improvement in all areas looked at, for example, the initial audit found that 81% of patients had a personalised care plan and that 81% had been reviewed in the past year; the re-audit found that the achievement in these areas had increased to 95% and 93% respectively. We saw evidence that the results of audits were discussed in clinical meetings and that learning was shared; however, the write-ups of audits did not always contain detailed information about the action taken in order to implement and embed improvements.



# Are services effective?

## (for example, treatment is effective)

- The practice also provided evidence that they had conducted several searches, for example, to identify patients who no longer needed to be prescribed a medicine or who could have their medicine changed to a more cost-effective brand. They also provided examples of data returns that they had provided on their patients, for example, relating to the proportion of patients who had died in their place of choice.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses had attended updates on asthma, Chronic Obstructive Pulmonary Disorder and travel health.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's healthcare assistant delivered the "Weight to Go" weight loss programme; she also provided smoking cessation and alcohol reduction advice.

Data available at the time of the inspection showed cervical screening had been carried-out for 88% of women

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

registered at the practice aged 25-64, which was comparable to the CCG average of 83% and national average of 82%. However, their exception reporting rate for cervical screening was higher than average at 12% compared to 9% locally and 6% nationally. The practice sent written reminders to patients who did not attend for their cervical screening test, and we were told that the nurse also telephoned these patients. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. We asked the practice why they thought their exception reporting rate for cervical screening uptake was higher than average, and they explained that this was due to the ethnic mix of their patient population and cultural views relating to cervical screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; their uptake for breast cancer screening was comparable to the CCG average (61%, compared to a CCG average of 67% and national average of 72%). Their uptake for bowel cancer screening was 50% compared to a CCG average of 55% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 88% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

Most of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We received three negative comments, two related to difficulties in making appointments and appointments running late, and one comment related to the attitude of staff.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One member we spoke to was the manager of a local care home for people with learning disabilities, who told us that residents received an excellent and tailored service from the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 88%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 90%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

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

Results from the national GP patient survey 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 86%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language and we saw notices in the reception areas informing patients this service was available. The GPs were all multi-lingual and able to provide consultations in Hindi or Tamil, and administrative staff who spoke other languages were able to provide translation.

## Are services caring?

- Written information and notices were available in a range of other languages.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients as

carers (approximately 2% of the practice list). The practice referred carers to their local support organisation, Kingston Carers Network (KCN), and had recently invited KCN to meet with them to find out more about the services and support that they offer so they could inform their patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs. The practice also referred patients to a local bereavement support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had a high proportion of patients who did not speak English, and they were working with a local organisation which provided English language courses, which allowed them to refer patients for English classes.

- The practice offered a 'Commuter's Clinic' on Monday evenings until 7:30pm and Tuesday, Wednesday and Thursday evenings until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, and the practice was a registered yellow fever centre.
- There were disabled facilities, and translation services available.

### Access to the service

The practice was open between 8:30am and 7:30pm on Mondays and until 7pm on every other week day apart from Thursdays when the practice was closed for routine appointments from 1pm. Appointments were from 9am to 12pm every morning, and 4pm to 6:30pm every afternoon apart from Thursdays when the practice was not open for routine appointments (during this time GPs could be contacted by telephone to respond to emergencies). Extended hours surgeries were offered between 6:30pm and 7:30pm on Mondays and between 6:30pm and 7pm on Tuesdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people who 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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

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

The practice had a system in place to assess:

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

When patients requested a home visit, they were contacted by a GP by telephone who would make a decision about whether a visit was necessary and determine the level of urgency. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. A poster was displayed in the reception area and complaints leaflet were available; however, these had to be requested from reception staff.

The practice had received five complaints in the past year, all of which were made verbally. The practice had kept a written record of the details of the complaint and the conversations which took place with the patient. We saw evidence that lessons were learned from complaints and that this was used to make improvements to the service provided. For example, the practice received a complaint

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

from a patient who felt that their referral to hospital was not well managed. As a result of this complaint, the practice noted that the referral system for the hospital department in question was overly complicated and resulted in delays to patients, and they therefore fed this information back to the CCG in order that a systemic change could be made.

The practice also identified trends in comments received in their patient comment book, which was available in the

waiting area for patients to complete. The practice had noted that several patients have commented about the length of time that they had to wait for their appointment; this was raised with clinical staff and as a result "catch-up" slots were introduced into each surgery to prevent long delays. The practice also began to announce to the waiting room when a clinician was running late with appointments, so that patients were aware of how long they would need to wait.

# 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 strategy and supporting activity plans which reflected the vision and values.

### 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
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, in some cases the consideration of risk needed review, in particular relating to the remit of the nurse practitioner's role.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received; the PPG included managers from local care homes, in order to ensure that the experiences of care home residents were represented. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that the practice should do more to support and encourage patients who were unable to speak English, and as a result, the practice formed a relationship with a local service which provided English lessons, so that they could refer patients to this service.
- The practice had sought advice from the PPG advisor for the Kingston area regarding ways to better engage with patients. As a result, they had set up a Facebook page for the practice, with the intention that this could be used to share information with patients and gather

# Are services well-led?

Good 

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

feedback. The practice was conscious of the potential risks relating to having an open public forum available, and was in the process of setting appropriate limitations and monitoring arrangements to safeguard patients' privacy.

- The practice had gathered feedback from staff through staff meetings and individual discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; for example, staff told us that they had fed back that a new system was needed to store and

organise the forms used by clinicians, and as a result, the location and filing system for these was changed. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, one of the GPs was the cancer lead for the CCG, and the practice had participated in several pilot schemes for cancer services, such as trialing a new cancer toolkit.