

Cross Deep 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 Cross Deep Surgery on 4 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 a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However there were areas of practice where the provider should make improvements:

- They should ensure that all staff receive annual Basic Life Support training, in line with national guidance.
- They should advertise to patients that translation services are available.
- They should ensure that they follow their recruitment policy and that they keep complete personnel files for all staff.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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, and 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 staff, however, in some cases there was a lack of documentation relating to this in personnel files.
- Staff worked with multidisciplinary teams 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, they hosted the local seven-day opening hub.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice's values; however, it was unclear whether all 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

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.

Good



- 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.
- All patients aged 75 and over had a named GP.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were better than local and national averages. For example, of patients with hypertension who had a record of blood pressure reading in the past 12 months, 93% had blood pressure that was well controlled, compared to a CCG average of 83% and national average of 84%. One hundred percent of patients aged over 75 with a record of a fragility fracture and a diagnosis of osteoporosis were treated with an appropriate bone-sparing agent, compared to a CCG average of 96% and a national average of 93%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's overall performance in relation to long-term conditions was comparable to CCG and national averages. For example, QOF achievement for the percentage of patients with hypertension who had well controlled blood pressure was 83%, the CCG average was the same and the national average was 84%.
- For asthma the practice achieved 100% of the overall QOF points available, compared with a CCG and national average of 97%, and the practice had recorded having carried-out a review in the preceding 12 months of 92% of patients with chronic obstructive pulmonary disorder (COPD), which was the same as the CCG average, the national average was 90%.
- The practice's overall performance in relation to diabetes indicators was comparable to CCG and national averages at 92% of the total QOF points available, compared with an

Summary of findings

average of 90% locally and 89% nationally. In particular, the number of diabetic patients who had well controlled blood pressure was 90% (CCG average was 79% and national average was 78%); and the proportion with a record of a foot examination and risk classification in the preceding 12 months was 94% (CCG average 90%, national average 88%). The percentage of diabetic patients who had received influenza immunisation was 96% (CCG average 90% and national average 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.
- The practice had an in-house pharmacist who ensured that those patients on long-term medicines received the appropriate monitoring.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had recorded having carried-out an asthma review in the last 12 months for 72% of asthmatic patients, which was comparable to the CCG average of 72% and national average of 75%.
- 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.
- Cervical screening had been carried-out for 83% of women registered at the practice aged 25-64, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- In-house sonography was available, including vaginal scans for early pregnancy detection.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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.
- Early morning and evening appointments were available, and additional appointments, including weekend appointments were available via the CCG's seven-day opening hub based at the practice.

People whose circumstances may make them vulnerable

Good



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, carers, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

People experiencing poor mental health (including people with dementia)

Good



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

- Forty-five patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which represented 89% of eligible patients. This was comparable to the CCG and national average of 84%.

Summary of findings

- The practice had recorded a care plan in the past 12 months for 55 patients with schizophrenia, bipolar affective disorder and other psychoses, which represented 90% of eligible patients. This was comparable to the CCG average of 92% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. Three hundred and twenty seven survey forms were distributed and 114 were returned. This represented a response rate of 35%, which was approximately 1% of the patient list.

- 91% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 78%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 73%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients commented that GPs, nursing staff and reception staff treated them with care and dignity. There were also comments about the kindness shown by staff, especially to people who had recently suffered a bereavement or had received bad news about their health.

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. The most recent Friends and Families Test results showed that 87% of the 115 respondents would be likely or extremely likely to recommend the practice to people new to the area.

Cross Deep 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, a CQC Inspection Manager, a second CQC Inspector, and an Expert by Experience.

Background to Cross Deep Surgery

Cross Deep Surgery provides primary medical services in Twickenham to approximately 10,500 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG).

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 8%, which is lower than the CCG average of 10%, and for older people the practice value is 10%, which is comparable to the CCG average of 11%. The age distribution of the practice population is in line with local averages. Of patients registered with the practice, the largest group by ethnicity are White (88%), followed by asian (6%), mixed (4%), black (1%) and other non-white ethnic groups (1%).

The practice operates from a large converted residential premises, which had been extended. All patient facilities are split over the ground floor and first floor and there is a lift available for patients and staff to use. The practice has access to six doctors' consultation rooms, two nurse consultation rooms and a treatment room. The practice team at the surgery is made up of three part time female GPs who are partners, two part time female salaried GPs and two part time male salaried GPs; in total there are 38

GP sessions available per week. In addition, the practice also has one full time and one part time female registrars, one full time and one part time female nurses and a full time female healthcare assistant. The practice team also consists of a practice manager, secretary, and nine members of reception/administrative staff.

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

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8:30am to 11:40am every morning apart from Wednesday when appointments start at 9am, and 3pm to 5:30pm every afternoon. Extended hours surgeries are offered between 7:30am and 8am and between 6:30pm and 7pm on Tuesdays, Wednesdays and Thursdays. Patients can also access appointments via the CCG seven-day opening Hub, based at the practice, which offers appointments from 8am until 8pm every day, including weekends.

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.

Why we carried out this inspection

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

Detailed findings

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 4 February 2016. During our visit we:

- Spoke with a range of staff including GPs and nursing staff, the practice manager, secretarial 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 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, we saw evidence of a significant event being recorded as a result of a complaint being made about a delay in referral to the district nursing team. As a result of this incident, a new process was put in place whereby faxed referrals would be followed by a telephone call to the district nursing team to ensure that the referral had been received.

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.

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 child safeguarding level 3, nurses were trained to child safeguarding level 2, and administrative staff were trained to child safeguarding level 1. In addition, all staff were trained in adult safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. Chaperoning was only carried out by clinical staff, however, not all had received a Disclosure and Barring Service check (DBS check) prior to employment, as the practice had previously assessed that there was no need to complete checks on individuals who had received one at their previous employment. They had recently reconsidered this position and had applied for DBS checks for all staff who had joined the practice from January 2015 onwards. We saw evidence that these were applied for in January 2016; however, the certificates were still outstanding at the time of the inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the partners was the infection control clinical lead and worked in conjunction with the practice nurse to ensure that the infection control policy was adhered to, this included liaising 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 issues identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried-out regular medicines audits, which were performed by the in-house pharmacist, 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. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses 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). Patient Specific Directions (PSDs) were in place to allow the healthcare assistant to administer medicines. (PSDs are written instructions from a qualified and registered prescriber for a medicine

Are services safe?

including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). We saw examples of these.

- We reviewed six personnel files and found that these were mixed in terms of content. We found evidence that appropriate recruitment checks had been undertaken prior to employment, including proof of identification, references, qualifications, and registration with the appropriate professional body, for three members of staff; for the other three we found that proof of identity was missing and that in one case there was no record of references having been received.

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 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 that enough staff were on duty and the practice had a list of regular locums that were used to cover staff absence.

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 basic life support training, and this was updated every 18 months for clinical staff and 3-yearly for non-clinical staff, however, following feedback during the inspection, the practice had undertaken to provide this training annually in line with national guidance.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits. They conducted random sample checks of patient records for consultations carried-out by trainees but not for fully qualified staff.

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 98% of the total number of points available, with 5.9% 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 2014/2015 showed;

- Performance for diabetes related indicators was higher than the CCG and national average. Overall the practice achieved 92% of the total QOF points available, compared with an average of 82% locally and 89% nationally. The number of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 90%, which was significantly higher than the CCG average of 79% and national average of 78%, the number with a record of a foot examination and risk classification in the preceding 12

months was 94% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 96% (CCG average was 90% and national average was 94%).

- The percentage of patients with hypertension who had a record of well controlled blood pressure in the past 12 months was 83%, which was comparable to the CCG average of 83% and national average of 84%.
- Performance for mental health related indicators was comparable to CCG and national averages. The practice had documented a care plan for 90% of patients with schizophrenia, bipolar affective disorder and other psychoses, compared to a CCG average of 92% and national average of 88%; and they had carried-out face to face reviews of 89% of patients with dementia, compared to a CCG and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. For example, the practice had conducted an audit to check that patients being prescribed the anti-inflammatory medicine diclofenac had received advice about the cardiovascular and gastric risks. The initial audit found that a significant proportion of patients being prescribed diclofenac had not received this advice. Having highlighted this to staff, a re-audit found the proportion of patients prescribed diclofenac who had a record in their notes of discussion of the cardiovascular had increased by 46%, and the proportion with a record of discussion of the gastric risks had increased by 41%.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice participated in a CCG-led medicines optimisation initiative where they reviewed their prescribing of certain medicines, such as antibiotics.
- In addition to the audits that were conducted, the practice also carried-out regular reviews of their lists of patients with certain vulnerabilities or long-term conditions, such as lists of those with chronic

Are services effective?

(for example, treatment is effective)

obstructive pulmonary disease (COPD) and heart failure, to ensure that all relevant patients were placed on the lists and that patients were receiving appropriate treatment and health checks.

The practice employed a pharmacist for four days per week whose role included reviewing prescribing to ensure that it complied with current guidelines and ensuring that the necessary monitoring of patients on long-term repeat prescriptions was undertaken. The pharmacist also identified opportunities for the practice to reduce their spend on medicines, for example, by switching patients to generic versions of medicines. As a result, the practice had achieved an underspend on prescribing and had a significantly lower spend on medicines than other practices in the locality.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw a copy of the induction checklist template used by the practice. However, none of the staff files we checked contained a completed version.
- 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 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff told us

that they received an annual appraisal where their performance and learning needs were assessed. However, there was limited evidence of appraisal documentation in staff files that we looked at.

- Staff received 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.

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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and prior to these meetings the practice undertook a records search of all patients who had attended A&E or who had been admitted to hospital in the preceding month, so that these patients could be discussed if necessary. We saw evidence that care plans were reviewed and updated both routinely and at times when patients' care needs were likely to have changed, such as on discharge from hospital.

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 (MCA). Clinical staff had not received recent formal MCA

Are services effective?

(for example, treatment is effective)

training, but we saw evidence that this was completed following the inspection, and the practice informed us that they would add this to their regular training schedule.

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.

- These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition. The practice conducted a monthly search of patients who had attended A&E in order to discuss those requiring extra support in their monthly multi-disciplinary meeting.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer text message and written reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 73% to 98% and five year olds from 74% to 99%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 52%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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. A window at a suitable height to be accessible to a person in a wheelchair was available at reception.

All of the 25 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 spoke with four 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. 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:

- 92% said the GP gave them enough time (CCG and national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 85% said the GP was good at listening to them compared to the CCG and national average of 89%.

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 88% said they found the receptionists at the practice helpful (CCG average 88%, 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 local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG and national average 81%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language, however, there were no notices in the reception areas informing patients that this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets 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 108 carers, which represented approximately 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or

by giving them advice on how to find a support service. One of the patients who completed a feedback card specifically commented on having received a card and flowers from the practice following a bereavement.

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, they had successfully secured the contract to host the Hub for their federation's seven-day-opening initiative, funded by the Prime Minister's Challenge Fund. This initiative enabled extra appointments to be provided during the week, as well as appointments at weekends, for patients from the practices within the federation. All of these extra appointments were held at the practice.

- The practice offered a 'Commuter's Clinic' on a Tuesday, Wednesday and Thursday morning from 7.30am and in the evenings until 7pm for working patients who could not attend during normal opening hours. In addition to this, the practice also offered evening and weekend appointments as part of the CCG seven-day-opening hub.
- There were longer appointments available for patients with a learning disability.
- 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.
- The practice provided services such as phlebotomy, anti-coagulation, ultrasound, and vaginal scans to detect early pregnancy to its patients on-site which avoided them having to travel to the local hospital when these were required. We were told that the waiting time for an ultrasound at the practice was two to three weeks, compared to an average of eight weeks wait at the local hospital.
- The practice had access to a Rapid Response team which allowed patients to be seen urgently in their homes without having to wait until a GP had finished their scheduled surgery.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift which allowed patients access to all floors.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.40am every morning apart from Wednesday when appointments started at 9am, and 3pm to 5.30pm every afternoon. Extended hours surgeries were offered between 7.30am and 8am and between 6.30pm and 7pm on Tuesdays, Wednesdays and Thursdays. Patients could also access appointments via the CCG seven-day opening Hub, based at the practice, which offered appointments from 8am and until 8pm every day including weekends.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 75% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 60%).

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

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, for example, information was available on their website and a complaints leaflet was available.

We looked at eight complaints received in the last 12 months, six of which had been resolved and two were

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

ongoing. We found that in all cases complaints were satisfactorily handled and dealt with in a timely way with openness and transparency. Three of the resolved complaints were responded to by phone, with a comprehensive written record of the conversation with the complainant, and three were responded to in writing, followed by a phone call from the senior partner to check that the complainant was satisfied with the response. A full analysis of each complaint was completed which included

reflections on the handling of the complaint, details of lessons learned and actions taken as a result, and a record of whether the issues had been recorded as a significant event.

In addition to responding to formal complaints, the practice also responded to both positive and negative comments left on NHS Choices.

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. Whilst staff were shared the practice's values, it was not clear to what extent the specific detail of the vision had been shared with staff. The partners had a strategy in place which reflected the vision and values, however, they did not have a formal business plan outlining how the strategy would be implemented.

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 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. They prioritised safe, high quality and compassionate 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 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.
- Meetings were held for the whole practice team quarterly, and the practice also held regular reception team meetings, clinical meetings and business meetings.
- 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 had an active involvement in the running of the practice, and the four members we met with were able to provide several examples of improvements having been made at the practice following their suggestions. For example, they had highlighted that some patients were having difficulties climbing the stairs and the practice therefore installed a second hand rail. The PPG explained that they also fed into the practice's strategic decisions, for example, on the agenda for their next meeting is a review of the carers' package offered by the practice. They are also involved in producing the practice's patient newsletter.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through regular formal meetings and informal conversations. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, we saw evidence that a member of secretarial staff had raised concerns about problems with the dictation software; following this new software was purchased, and in the meantime, the template for referral letters was revised to ensure that referrals were not being missed. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, they had participated in a scheme run by the Refugee Assessment and Guidance Unit, which is part of NHS Employers' Building Bridges Project, to employ a refugee doctor as a healthcare assistant whilst they were working towards gaining the appropriate local qualifications in order to practice in the UK. The practice's involvement in the seven-day opening hub demonstrated their commitment to providing an accessible service to patients. They also demonstrated their commitment to improving patient safety and the effectiveness of treatments by employing an in-house pharmacist.