The Roehampton 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?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Roehampton Surgery on 14 April 2016. The overall rating for the practice was requires improvement.

We carried out an announced focused follow up inspection visit on 12 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our inspection on 14 April 2016. We found that the practice had made improvements and were meeting requirements in some areas however the overall rating for the practice remained requires improvement.

The full comprehensive report on the April 2016 and January 2017 inspections can be found by selecting the 'all reports' link for The Roehampton Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused follow up inspection visit on 27 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 12 January 2017. This report covers our findings in relation to those requirements and any improvements made since our last inspection. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had continued to make improvement in implementing formal governance arrangements, including commencing a programme of continuous clinical and internal audit to monitor quality and to make improvements to patient outcomes. We saw that unverified data submitted by the practice in the quality and outcomes framework (QOF) for 2016/17 showed the practice had improved their patient outcomes in line with local and national averages for some areas, whilst other areas remained below average.
- Arrangements in respect of identifying, monitoring and managing risks to staff and service users had improved further to include action plans in place to effectively manage risks and issues identified through risk assessments and implement mitigating actions.

Summary of findings

- The practice had made further attempts to reintroduce an effective patient participation group (PPG) however this was not yet operational.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had defined systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There are areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Monitor and effectively manage a programme of quality improvement, including clinical audit, to improve patient outcomes.

In addition the provider should:

- Implement, monitor and review action plans to effectively manage risks, issues and mitigating actions identified through risk assessment.
- Consider, implement, monitor and review ways to engage patients, including continuing with actions to reintroduce the patient participation group.

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?

Good

At our previous inspection on 12 January 2017, we rated the practice as good for providing safe services and our follow up inspection on 27 July 2017 showed the practice were still providing safe services. The practice continues to be rated good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 defined systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Requires improvement

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing effective services as the practice performance in the quality and outcomes framework (QOF) for 2015/16 was below the local and national average for a number of clinical indicators, and there was no programme in place for quality improvement including clinical audit.

These arrangements had improved when we undertook a follow up inspection on 27 July 2017, however the data used had not been verified and some clinical indicators had dropped or remained below local and national averages. The practice remains rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to local and national averages for most indicators with some indicators below average.
- Staff were aware of current evidence based guidance.

Summary of findings

- A programme of clinical audits had been introduced; however audits had not been completed to demonstrate any quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

At our previous inspection on 12 January 2017, we rated the practice as good for providing responsive services as the provider had made the required improvements. The practice remains rated good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients we spoke with 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 evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing well-led services as there was no overarching governance framework

Summary of findings

supporting the delivery of the strategy, for example in regards to risk management and monitoring and improving patient outcomes. We also recommended that the practice should re-introduce a patient participation group.

We found arrangements had improved when we undertook a follow up inspection of the service on 27 July 2017. The practice is now rated as good for being well-led.

- The practice had a 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
- However the practice had not reintroduced an effective patient participation group (PPG).

Summary of findings

The six population groups and what we found

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

Older people
The provider had resolved the concerns for effective services, but not well-led services, identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for effective services, but not well-led services, identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for effective services, but not well-led services, identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for effective services, but not well-led services, identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for effective services, but not well-led services, identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The provider had resolved the concerns for effective services, but not well-led services, identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Summary of findings

What people who use the service say

The national GP patient survey results from data collected between January and March 2017 were published on July 7 2017. The results showed the practice was performing in line with local and national averages. Three hundred and sixty survey forms were distributed and one hundred and ten were returned. This represented 2% of the practice's patient list.

- 93% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Patients commented that staff were caring, friendly and respectful, that the nurse and doctors provided good care and that they listened and responded quickly to concerns.

The Roehampton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector. The inspection team included a GP Specialist Adviser and a Practice Manager Specialist Adviser.

Background to The Roehampton Surgery

The Roehampton Surgery provides primary medical services in Wandsworth to approximately 5,800 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Wandsworth has 50% more 20 to 40 year olds, but 33% fewer older people than other south west London boroughs, and this is reflected in the patient demographics for the practice with 18% of patients aged 65 or over, 62% of patients aged 18-65 years old and 20% aged 18 or younger.

The practice population is in the fifth most deprived decile, with income deprivation affecting children and older people above CCG and national averages.

The practice operates from a converted residential property with three floors. On the ground floor are a reception area, waiting area, treatment room and consultation rooms. There is also a patient toilet which is wheelchair accessible on the ground floor.

On the first floor there are rooms for staff facilities, a meeting room, a room used by the local counselling service and a waiting room for their patients. The second floor of the building is primarily used for storage and is not accessed by patients.

The building is wheelchair accessible via a ramp. There are no automatic doors; however, staff told us they would assist entry for any patient who needed help. There is no lift between floors; the practice told us they only see patients on the ground floor. There is no hearing loop at reception; staff told us that they would communicate in other ways with patients with hearing impairments such as in writing or use a free area of the practice to talk in private. There are no baby changing or breast feeding facilities.

The practice clinical team is made up of one female GP partner, one male GP partner, one female nurse and one healthcare assistant (HCA). The practice also has one male and one female part time regular locum GP. The non-clinical team consists of one IT manager, one office manager, three senior reception staff and two administrative staff.

The practice opens between 8.30am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.30am and 1.00pm and 3.30pm and 6.30pm on a Monday, Tuesday, Thursday and Friday. On Wednesdays the telephone lines are operational between the hours of 8.30am and 6.30pm. Extended hours are available Monday to Thursday from 6.30pm to 8.00pm. Appointments during extended hours are pre-bookable only.

The provider has opted out of providing out-of-hours (OOH) services to their own patients, directing them to seek assistance from the locally agreed OOH provider during the following times; Monday, Tuesday, Thursday and Friday between 1.30pm and 3.30pm, between 6.30pm and 8.30am Monday to Friday and at all times on weekends.

Detailed findings

The practice also operates some of its registered activities from another site located at 105 Carslake Road, Putney Heath, SW15 3DD, known locally and to staff and patients as the Ashburton Medical Practice. The site opens between the hours of 8.30am and 11.30am Monday to Friday and between 4.00pm and 6.00pm on Friday. Appointments are available at these same times. Telephone lines operate between these same hours.

The provider is registered with the Care Quality Commission to provide the regulated activities of Diagnostic and Screening Services, Maternity and Midwifery Services, Family Planning, Treatment of Disease, Disorder and Injury.

Why we carried out this inspection

We undertook a comprehensive inspection of The Roehampton Surgery on 14 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. We undertook an announced follow up focused inspection of The Roehampton Surgery on 12 January 2017. We found that the practice had made improvements and were meeting requirements in some areas however the overall rating for the practice remained requires improvement.

This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The full comprehensive report on the April 2016 and January 2017 inspections can be found by selecting the 'all reports' link for The Roehampton Surgery on our website at www.cqc.org.uk.

How we carried out this inspection

During our visit we:

- Spoke with a range of clinical and non-clinical staff including GPs, GP Partners, nursing staff and administrative staff.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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.

Good

Are services safe?

Our findings

At our previous inspection on 12 January 2017, we rated the practice as good for providing safe services and our follow up inspection on 27 July 2017 showed the practice were still providing safe services. The practice continues to be rated good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the lead GP partner 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).
- From the examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice followed up on a patient who had been discharged from hospital and found that the relevant referrals had not been made for ongoing care. The practice referred the patient to the relevant support organisation and contacted the hospital to raise and investigate the issue. The incident was discussed in the next clinical meeting.
- The practice also monitored trends in significant events and evaluated any action taken, including reviews of significant events three months after completion.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice Nurse were trained to child protection or child safeguarding level three, non-clinical staff were trained to level1.
- 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. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example we saw that carpets in patient areas had been steam cleaned and a regular cleaning contract set up until they could be replaced with impermeable flooring.

Good

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice had improved auditing to include carrying out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

At our previous inspection in January 2017, we reviewed personnel folders and found they did not contain appropriate pre-employment checks and recruitment processes such as proof of identity, references from previous employers, qualifications, and signed contracts. However the practice had reviewed their recruitment procedures, but could not apply these new procedures as the practice had not employed any new staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and the practice had carried out health and safety premises risk assessments.
- The practice had an up to date fire risk assessment and had carried out a fire evacuation drill since our last inspection and implemented a process for carrying drills on a regular basis to include all staff. The practice had booked fire marshal training for key staff within the practice who would be assigned the role in an emergency. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises which had been tested during a recent drill.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all computers 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 business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for key staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing effective services as the practice performance in the quality and outcomes framework (QOF) for 2015/16 was below the local and national average for a number of clinical indicators, and there was no programme in place for quality improvement including clinical audit.

These arrangements had improved when we undertook a follow up inspection on 27 July 2017, however the data used had not been verified and some clinical indicators had dropped or remained below local and national averages. The practice remains rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used 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).

In 2015/16 the practice achieved 83% of the total number of points available. This was below the local clinical commissioning group (CCG) average of 94% and the national average of 95%. The practice showed us QOF data submitted for the 2016/17 financial year which demonstrated the practice had improved their overall performance, achieving 89% of the total points available.

This data had not been verified or published however we also saw evidence the practice were on target for achieving higher QOF performance in 2017/18 with quarter one figures showing achievement close to 2016/17 figures.

The practice overall exception reporting rate for 2015/16 was 3% which was in line with the CCG average of 4% and the national average of 6%. (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). Performance in exception reporting rates for specific clinical indicators had improved in 2015/16 and performance was in line with CCG and national averages.

Quality and outcomes framework data from 2015/2016 and unverified data for 2016/17 showed:

Performance for diabetes related indicators was below the local and national average. For example:

- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (a specific blood glucose level test) is 64 mmol/mol or less in the preceding 12 months was 62%, compared to the local clinical commissioning group (CCG) average of 74% and the national average of 78%. 2016/17 data showed performance for this indicator was 69%.
- The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 53% (CCG 74%, national 78%). 2016/17 data showed performance for this indicator was 86%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 61% (CCG 75%, national 80%). 2016/17 data showed performance for this indicator was 66%.

Performance for mental health related indicators was below the local and national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 78% (CCG 89%, national 89%). 2016/17 data showed performance for this indicator was 76%.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 70% (CCG 89%, national 89%). 2016/17 data showed performance for this indicator was 94%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 85% (CCG 90%, national 84%). 2016/17 data showed performance for this indicator was 81%.

Performance for indicators related to heart conditions was below the local and national average. For example:

- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc (risk classification) score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy was 68% (CCG 81%, national 83%). 2016/17 data showed performance for this indicator was 70%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 68% (CCG 81%, national 83%). 2016/17 data showed performance for this indicator was 82%.

Performance for indicators related to respiratory conditions was comparable to the local and national average. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control, was 72% (CCG 75%, national 76%). 2016/17 data showed performance for this indicator was 82%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 90% (CCG 90%, national 90%). 2016/17 data showed performance for this indicator was 90%.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for 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. The practice nurse and the GP lead for long term conditions had completed a course in diabetes management and had developed an action plan to improve diabetes care in the service.
- 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 and nurses. 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.
- From the sample of 11 documented examples we reviewed we found that 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and signposted them to relevant services. 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.
- Diet, lifestyle and smoking cessation advice was available in house with further support accessed through local support groups.

The practice's uptake for the cervical screening programme was 63%, which was comparable with the CCG average of 68% and the national average of 73%.

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

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children up to age two were below the expected national standard at an average uptake rate of 79% compared with the national expected average of 90% uptake. The practice had reviewed their recall system to include an improved letter and text messaging system for all patients including patients in this group.

Patients had access to appropriate health assessments and checks. These included national screening programmes for bowel and breast cancer, 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This service was advertised.
- Patients could be treated by a clinician of the same sex.

All of the 18 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.

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

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the CCG average of 88% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 89% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received 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. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. Staff demonstrated they understood and followed guidelines for the treatment of children and young people including the assessment of the competency of young people to provide consent to care and treatment.

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 91%.
- 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 82% and the national average of 85%.

Good

Are services caring?

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format and other languages, with further information available to download.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 91 patients as carers (1.5% of the practice list), however a recent audit reduced this number to 64 (1.1% of the practice list) following identification of carers who were no longer providing caring services.

Written information was available to direct carers to the various avenues of support available to them and the practice offered carers an annual health and social care review under the CCG led PACT scheme (Planning All Care Together).

The practice also reviewed patients' anxiety and depression levels with a patient questionnaire. 70% of patients were in the low risk category after the questionnaire, 20% of patients scored within the moderate risk category and were provided with contact details for a local support service and 10% of carers scored in the high risk scale and were referred to a GP for further assessment and treatment.

The practice also identified that half of carers required further monitoring of their blood pressure and were referred to a GP.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective, providing a point of contact in the practice.

Staff told us that if families had experienced 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 12 January 2017, we rated the practice as good for providing responsive services as the provider had made the required improvements. The practice remains rated good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday, Tuesday, Wednesday and Thursday evening until 8.00pm for all patients, but primarily to meet the needs of working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and other patients requiring extra time during their consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had introduced, and were using, a system to send text message reminders of appointments, test results and feedback questionnaires.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice participated in the local clinical commissioning group (CCG) planning all care together (PACT) scheme. Patients at high risk of admission to hospital were identified and offered an annual health and social care review comprising a 20 minute health care assistant (HCA) or nurse appointment and a 40 minute GP consultation. Information from the PACT review was used to inform ongoing health care planning and information shared with multi-disciplinary partners to coordinate health and social care effectively, prevent admission to hospital and improve patient outcomes.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am and 1.00pm and 3.30pm and 6.30pm daily. Telephone lines were operational between the hours of 8.30am and 1.00pm and 3.30pm and 6.30pm on a Monday, Tuesday, Thursday and Friday. On Wednesdays the telephone lines were operational between the hours of 8.30am and 6.30pm. Extended hours were available Monday to Thursday from 6.30pm to 8.00pm. Appointments during extended hours are pre-bookable only. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 71%.
- 86% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 84%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 53% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared with the CCG average of 68% and the national average of 64%.

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

The practice had a system to assess:

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

After a home visit request was made, a GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. 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 a system 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 and a lead GP partner for complaints.
- We saw that information was available to help patients understand the complaints system. Including a poster in reception, information leaflet and information on the practice website.

We looked at three complaints received since our last inspection and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. We saw that complaints were discussed in practice meetings and that action was taken to as a result to improve the quality of care.

For example, a patient complained when they had trouble getting through to the receptionist at the branch practice on the telephone. The practice reviewed the complaint and investigated the incident, finding that there was the potential for patients to be cut off or not be able to get through if the receptionist was using the other phone line. The practice put in place a system at the branch practice to take information and call back the patient on the second line if the first line was busy. This system was a temporary measure until the practice could extend the telephone system upgrade from the main practice to the branch. This information was included in the response to the patient.

Are services well-led?

Good

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

Our findings

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing well-led services as there was no overarching governance framework supporting the delivery of the strategy, for example in regards to risk management and monitoring and improving patient outcomes. We also recommended that the practice should re-introduce a patient participation group.

We found arrangements had improved when we undertook a follow up inspection of the service on 27 July2016. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values.
- The practice had developed a strategy and supporting business 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed.
- An understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit had been developed to monitor quality and to make improvements; however the effectiveness of this programme had not been established through verified improvements in Quality Outcomes Framework (QOF) data to local or national averages.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had developed an overarching action plan monitoring multiple organisational risks and actions ensuring coordination of remedial actions. The action plan was regularly reviewed and communicated at practice meetings and included fire, health and safety and infection control risks.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the 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. We saw evidence the practice had made improvements following our recent inspections and that the practice had clearly set out plans to continue to improve. Staff told us they had seen improvement in the way the service was run, including the ability of the partners to involve staff in practice improvements and further empower them to make changes and develop systems and process to affect change.

The provider was aware of and had systems 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. From the documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

Are services well-led?

Good

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

- The practice participated in and had records of a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice which had developed further since our inspections. Staff told us they had always had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice, however they now felt more involved in decision making and improving how the service was run since our inspections. 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 and staff. It proactively sought feedback from:

- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Patients through the NHS Friends and Family test, complaints and compliments received.
- The patient participation group (PPG) had not been established; however the practice had engaged patients through discussion and advertising and had a small cohort of six patients who were willing to start a PPG and had advertised for an open meeting for all patients in September 2017.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The practice did not maintain records in relation to the management of the regulated activity to enable the registered person to evaluate and improve their practice. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.