

# Richmond Lock Surgery - Smith

## Quality Report

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Date of inspection visit: 19 April 2016

Date of publication: 08/07/2016

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

## Ratings

### Overall rating for this service

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 Richmond Lock Surgery on 19 April 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from

patients and from the patient participation group. For example, following a complaint from a patient about having to attend the practice on different occasions for different blood tests, they had taken steps to reconcile the scheduling of blood tests so that patients could attend one appointment for all of the tests they required.

- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw some areas of outstanding practice:

- The practice had analysed their performance for the management for patients with diabetes and had re-designed its process for monitoring these patients to ensure that it had the capacity to review the care of all these patients. This involved introducing nurse-led care but also making changes to the appointment system to ensure that patients identified by the nurse as needing to be seen by a doctor or dietician could be seen the same day.

The areas where the provider should make improvement are as follows. They should:

- Ensure that they have processes in place to monitor that staff are up to date with mandatory training.
- Ensure that they have processes in place to ensure that locum staff are up to date with training and professional registrations.
- Ensure that they are taking all reasonable action to identify carers.
- Advertise their translation service to patients at the surgery.

**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.

- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, there had been an incident where a patient had said that they felt particularly unwell whilst in the waiting room and had been taken to lie down in a clinical room

Good



# Summary of findings

which was not being used whilst they waited for the doctor to attend to them. This was raised as a significant event due to the risks associated with a patient being unsupervised in a clinical area. In analysing the significant event, the practice identified that some patients would find it helpful if a quiet room was available for them to lie down whilst awaiting their appointment. They therefore converted their baby changing room to be used for this purpose, installing a couch and comfortable chair and an alarm button.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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 made use of the local GP seven-day opening hub, which enabled practices in Richmond to book appointments for their patients outside of normal GP opening hours.
- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, following a complaint from a

Good



# Summary of findings

patient about having to attend the practice on different occasions for different blood tests, they had taken steps to reconcile the scheduling of blood tests so that patients could attend one appointment for all of the tests they required.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- 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 openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided care plans for elderly patients who were at risk of unplanned hospital admission, and entered a flag on their computer system so that these patients were routinely offered a longer appointment.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above average. Overall the practice achieved 93% of the total QOF points available, compared with an average of 90% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 86%, which was above the CCG average of 80% and national average of 78%, the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 95% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 97% (CCG average was 90% and national average was 94%).
- Longer appointments and home visits were available when needed. A flag was put on the system to identify patients who routinely required a longer appointment so that reception staff would be alerted when booking appointments.
- 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 appointments system had been tailored to ensure that patients with certain long-term conditions who were attending

Good



# Summary of findings

nurse-led clinics could access allied services on the same day if necessary. For example, on the day of the nurse-led diabetic clinic a number of GP and dietician appointments were set-aside for diabetic patients so that those who the nurse had seen in her clinic and identified as needing further input could be seen by a GP or dietician on the same day.

## 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.
- 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. For example, the practice was in the process of providing patients with online access to their medical records, and we were told that the GPs had discussed at length how best to ensure that permission for parents to view their child's medical records is removed once the child reaches an appropriate level of maturity.
- Cervical screening had been carried-out for 81% of women registered at the practice aged 25-64, which was comparable to the CCG average of 84% and national average of 82%.
- The practice provided a full range of family planning services including emergency contraception and the fitting of intra-uterine devices and contraceptive implants.
- 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, health visitors and school nurses.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good





# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- The published QOF figures showed that the practice had 23 patients diagnosed with dementia and 75% had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 86% and national average of 84%; however, an error in coding some of these patients had been identified, which after correction showed that the practice had achieved 86% for this indicator.
- The practice had 56 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 95% of these patients, compared to a CCG average of 94% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



# Summary of findings

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

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. Two hundred and seventy three survey forms were distributed and 111 were returned. This represented approximately 1% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80% and national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 97% 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 82% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 66 comment cards which were all positive about the standard of care received; three of the cards contained positive comments about the care and treatment received but were mixed with negative comments about access to appointments. Patients commented that staff were always caring and that doctors take the time to answer questions so they never feel rushed. Several patients also commented that staff were particularly good at dealing with children. Comments about the service received from the reception staff were also positive, with patients noting that the receptionists were helpful and inviting.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said that on the whole it is easy to get an appointment, and that GPs listen to them and provide them with information about treatment options and support them in deciding what is best for them.

# Richmond Lock Surgery - Smith

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Richmond Lock Surgery - Smith

Richmond Lock Surgery provides primary medical services in St Margarets to approximately 8000 patients and is one of 29 practices in Richmond Clinical Commissioning Group (CCG). The practice is located very near the boundary between Richmond CCG and Hounslow CCG and has patients from both areas.

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 12%, which is higher than the CCG average of 9%, and for older people the practice value is 13%, which is higher than the CCG average of 11%. The practice has a larger proportion of patients aged 0-4 years and 30-45 years than the CCG average, and a smaller proportion of patients aged 10-25 and 55+ years. Of patients registered with the practice, the largest group by ethnicity are white (78%), followed by Asian (12%), mixed (4%), black (4%) and other non-white ethnic groups (2%).

The practice operates from a 3-storey purpose built premises. Some car parking is available on the premises and in the surrounding streets. The reception desk, main

waiting area and GP consultation rooms are situated on the ground floor. A smaller waiting area and the nurse and healthcare assistant's consulting rooms are on the first floor, which is accessible by both stairs or a lift. The second floor is only accessible to staff and houses administrative staff offices, a meeting room and a staff kitchen. The practice has access to four doctors' consultation rooms, two nurse consultation rooms and a healthcare assistant's consultation room. The practice team at the surgery is made up of two part time female GPs and one full time male GP who are partners, two part time female salaried GPs (one of whom was on maternity leave at the time of the inspection and having her role covered by three part time female GPs), and one part time male salaried GP; in total 27.5 GP sessions are available per week. In addition, the practice also has two part time female nurses and one part time female healthcare assistant. The practice team also consists of a practice manager, finance manager, and eleven 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 8.00am and 6.30pm on Mondays and between 8.15am and 6.30pm from Tuesday to Friday. Appointments are from 8.30am to 11.30am every morning, and 4pm to 6pm every afternoon. Extended hours surgeries are offered between 7.20am and 8.00am on Mondays, from 6.30pm to 7.00pm on Tuesdays, from 6.30pm to 7.45pm on alternate Thursdays and from 6.30pm to 8.15pm on alternate Fridays. Patients can also access appointments via the CCG seven-day opening Hub, which offers appointments from 8am until 8pm every day.

# Detailed findings

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 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 19 April 2016. During our visit we:

- Spoke with a range of staff including GP partners, a salaried GP, a nurse, the practice manager, administrative and reception staff, and spoke with patients who used the service.

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a significant event had been recorded for an incident where results of a blood test for a diabetic patient had been missed. In this case the healthcare assistant had performed a urine dipstick test which required follow-up and had been added to the system that the patient should be told that they needed to make an appointment to see a doctor when they called to receive the test result. However, the patient had failed to contact the practice for the result and therefore the requirement for them to see a doctor was overlooked. The practice had analysed this incident and concluded that their system of relying on patients to contact them for test results in order to highlight the need for follow-up was not failsafe, and a revised protocol was put in place. They also reviewed the protocol outlining how the results of dipstick testing should be processed in order

to make it more prescriptive. The actions resulting from this incident had been scheduled for a six-month review in order to assess the effectiveness of the measures put in place.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions. The practice carried out regular

## Are services safe?

medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) 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).

- We reviewed five personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS); however, we noted that in some cases where new staff members had received a DBS check at a previous employment, the practice had not completed a new check. At the time of the inspection the practice was in the process of completing their own DBS checks for clinical staff, as well as some administrative staff who were to be trained as chaperones. The practice employed regular locum GPs, and we saw evidence that they completed appropriate checks to ensure that locums were appropriately qualified and held the necessary medical indemnity insurance when they began working at the practice; however, at the time of the inspection there was no process in place for the practice to monitor that these members of staff kept up to date with their training and that their medical indemnity insurance was current.

### 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There were panic buttons on reception and in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The practice's overall clinical exception rate was 4%, which was below the CCG average of 7% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was above average. Overall the practice achieved 93% of the total QOF points available, compared with an average of 90% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 86%, which was above the CCG average of 80% and national average of 78%, the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 95% (CCG average 91%, national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 97% (CCG average was 90% and national average was 94%).

- Performance for mental health related indicators was comparable to CCG and national averages. The published QOF figures showed that the practice had 23 patients diagnosed with dementia and 75% had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 86% and national average of 84%; however, an error in coding some of these patients had been identified, which after correction showed that the practice had achieved 86% for this indicator. The practice had 56 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 95% of these patients, compared to a CCG average of 94% and national average of 88%. The practice's exception rate for mental health indicators was 4%, which was below the CCG average of 8% and national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits completed in the last two years, 6 of these were completed audits where the improvements made were implemented and monitored.

For example, the practice had reviewed areas of low QOF achievement for some diabetes indicators and had analysed the reasons for low performance in these areas. At the time of the initial audit in 2014 diabetic patient checks were being performed by GPs, and it was recognised that the practice did not have the GP capacity to review all of these patients. As a result, the practice changed their protocol to have the practice nurse, who had experience of diabetes care, carry-out routine diabetic checks, and refer patients to GPs only as necessary. To support this new arrangement they revised their protocol for management of newly diagnosed diabetics and their protocol for annual diabetes checks. They also introduced a protocol for onward referral to the doctor by the practice nurse. In addition, they revised their appointments system to set-aside a number of GP appointments on the day of the nurse-led diabetes clinic so that those patients identified by the nurse as needing to see a GP could be seen on the same day. These actions resulted in improved QOF achievement for diabetes indicators for the following year, most notably in the proportion of diabetic patients with well controlled blood pressure which increased from 74% to 86%.



# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nurses attended local Practice Nurse Forums which included training in areas such as immunisation updates.
- 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

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

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

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We saw examples of consent forms for minor surgical procedures and found that these were comprehensive.

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the healthcare assistant.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for these tests was comparable to CCG and national

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

averages, however, the uptake for breast screening within the target period was below average at 49% compared to a CCG average of 69% and national average of 73%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 94% (national averages ranged from 82% to 94%) and five year olds from 71% to 96% (national averages ranged from 69% to 94%).

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

The practice provided minor surgical procedures including joint injections, intra-uterine device fitting and contraceptive implant fitting.

# 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.

All of the 66 patient Care Quality Commission comment cards we received were positive about the service experienced, with three cards also containing negative comments, two about access to appointments and one about the attitude of receptionists. 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients 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. Satisfaction scores for the practice on consultations with GPs and nurses were comparable to local and national averages. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 86% 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 national average of 85%.

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice explained that they had been particularly pleased to receive such a high level of patient satisfaction with the service provided by reception staff, and that they had highlighted the results of the survey with staff in order to celebrate their achievement. However, shortly after the survey results were published the practice noted that five negative comments had been left on the NHS Choices website regarding the attitude of reception staff. The management team were concerned about these comments and raised the issue as a significant event. In order to try to gather further information they responded to the comments left, inviting the patients concerned to contact them with further information, however, they did not receive any further contact. The comments were discussed with the reception team and training sessions on customer service and dealing with difficult people were provided to the team.

- The practice maintained a focus on providing a high quality, caring service to their patients when planning their service and considering feedback and significant events. For example, there had been an incident where a patient had said that they felt particularly unwell whilst in the waiting room and had been taken to lie down in a clinical room which was not being used whilst they waited for the doctor to attend to them. This was raised as a significant event due to the risks associated with a patient being unsupervised in a clinical area. In analysing the significant event, the practice identified that some patients would find it helpful if a quiet room was available for them to lie down whilst awaiting their appointment. They therefore converted their baby changing room to be used for this purpose, installing a couch and comfortable chair and an alarm button.

### 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

## Are services caring?

decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 84% 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 national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, however this was not advertised to patients.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers, which represented less than 1% of the practice list, however, the practice had a lower than average proportion of elderly patients. During the inspection we spoke to a patient who was a carer who was positive about the way that the elderly relative she cared for was treated by the practice, and explained that they ensured that her needs as a carer were met in terms of vaccinations and screening to ensure that she stayed healthy.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The CCG was providing a GP seven-day opening hub, which was funded by the Prime Minister's Challenge Fund. This enabled practices in Richmond to book appointments for their patients outside of normal GP opening hours and the practice used this service where required for its patients.

- The practice offered a 'Commuter's Clinic' on Monday mornings, Tuesday evenings, and alternate Thursday and Friday evenings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with certain long-term conditions. Patients requiring a longer appointment were flagged on the computer system so that reception staff were alerted to this when arranging appointments.
- The appointments system had been tailored to ensure that patients with certain long-term conditions who were attending nurse-led clinics could access allied services on the same day if necessary. For example, on the day of the nurse-led diabetic clinic a number of GP and dietician appointments were set-aside for diabetic patients so that those who the nurse had seen in her clinic and identified as needing further input could be seen by a GP or dietician on the same day.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm on Mondays and between 8.15am and 6.30pm from Tuesday

to Friday. Appointments were from 8.30am to 11.30am every morning, and 4pm to 6pm every afternoon apart from Tuesdays when appointments started from 9am. Extended hours surgeries were offered between 7.20am and 8am on Mondays, from 6.30pm to 7pm on Tuesdays, from 6.30pm to 7.45pm on alternate Thursdays and from 6.30pm to 8.15pm on alternate Fridays. Patients could also access appointments via the CCG seven-day opening Hub, which offered appointments from 8am until 8pm every day.

- The practice had carefully developed its appointment system in order to ensure that appointments were available to patients when they needed them. The majority of pre-bookable appointments were available to be booked up to six weeks in advance, but some pre-bookable appointments were released 48 hours in advance, which allowed patients who needed to see a doctor quickly but whose issue was not urgent, the flexibility to arrange a short-notice appointment.

Urgent appointments were also available for people that needed them. Once all of the same-day appointments were booked, patients needing to consult with a doctor urgently were added to the telephone triage list, and all of these patients would be phoned by an experienced GP, who would book them for a face to face appointment should that be necessary.

The practice had received funding from the winter pressures fund to provide an extra GP session on a Monday, in order to see patients who had become unwell over the weekend. Once the funding for this extra session had come to an end the practice had assessed the effectiveness of providing this additional resource and decided to continue to offer these additional appointments.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and national average of 73%.

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

### Listening and learning from concerns and complaints

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

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 an information leaflet was available in the reception area to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and showed openness and

transparency in the way that the complainant was responded to. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained that they had had to attend the surgery at different times for several different blood tests. This complaint was discussed by the management team at the practice, who recognised that arranging for patients requiring several different tests to have them done at the same appointment would be both more convenient for patients and a better use of the practice's resources. As a result, the practice took steps to consolidate patients' blood tests.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement, and staff we spoke to could describe and were committed to the practice's ethos of providing a high quality and caring service to patients. Staff told us that they were proud to work at a practice which held these values and that the partners had created this culture by leading by example and demonstrating their commitment to caring for their patients.
- The practice did not have a written business plan, however, the partners were able to explain their vision for the future of the practice and demonstrated that they had plans in place to deliver this. At the time of the inspection they were in the process of recruiting a new partner to take the place of one of the partners who was planning to retire.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. These included management meetings, clinical meetings, and administrative team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted whole practice team meetings were held monthly.
- 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 met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG was well supported by the GP partners, who would always

# Are services well-led?

Good 

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

join the second half of the PPG meetings in order to answer questions and receive feedback. The PPG's views were valued by the practice and they had been involved in the development of the practice leaflet and website.

The PPG was in the process of exploring ways of developing a more diverse membership and was being supported by the practice to consider online and conference calling options in order to include people who were unable to attend meetings.

The practice closely monitored comments left by patients on NHS choices and responded to negative comments, inviting the patient to contact them directly in order to resolve the concerns raised. All negative comments were discussed by the management team, and we saw evidence of action being taken to address concerns raised.

· The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Administrative staff provided examples of their roles being reviewed and tasks being redistributed following them raising concerns about their workload. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. This was particularly evident from the practice's handling of significant events, which involved in-depth investigation, considered action planning and thorough analysis of the impact of the changes implemented. Issues raised as a result of significant events also fed into the practice's audit programme, which demonstrated a commitment to ensuring improvement in their service.