

# Wrythe Green Surgery GP Hub

## Inspection 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 location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

# Overall summary

## **This service is rated as Good overall.**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Wrythe Green Surgery GP Hub on 18 April 2019 as part of our inspection programme.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service reviewed the effectiveness and appropriateness of the care it provided; however, the service had not undertaken any clinical audits. It ensured that care and treatment was delivered according to evidence-based guidelines.

- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Review service procedures to ensure clinical audits are undertaken.
- Review service procedures to ensure the results of medical records review are shared with relevant staff.
- Review service procedures to ensure patient consent is recorded for health checks.
- Consider providing appraisals for temporary nursing staff.

**Dr Rosie Benneyworth** BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist adviser.

## Background to Wrythe Green Surgery

Sutton GP Services limited is a federation of 25 NHS GP practices within the borough of Sutton. The federation provides the following services for patients in the Sutton Clinical Commissioning Group (CCG):

**Domiciliary anticoagulation service:** Anticoagulation management for patients registered with a GP in Sutton who require or receive anti-coagulant therapy at home.

**Shared care programme:** Drug and alcohol services to patients registered with a GP in Sutton.

**Acute home visiting:** For patients requiring same day assessment who had been triaged by a clinician in their practice as needing a visit within two hours; this service is run by nurse prescribers.

**Multi-disciplinary team meetings:** Delivery of complex multi-disciplinary team meetings in all 25 practices in Sutton.

**NHS health checks:** Health checks for anyone aged between 40 and 74 registered with a GP in Sutton.

**Doctorlink online consultations:** To roll out Doctorlink, an online consultation service across practices in Sutton. Currently five practices had signed up to use this service and this online service is centrally administered by the provider.

**Community skin lesion service:** This service gives GPs the opportunity to seek expert help to assist in diagnosing skin lesions and to refer patients to the skin lesion service for review.

They also provide an extended access service GP and nurse appointments service on weekday evenings, over the weekends and on bank holidays across two hubs. Further details about the Sutton GP services limited can be found on their website:

Wrythe Green Surgery is located at Wrythe Lane, Carshalton, Surrey SM5 2RE. This is one of the sites delivering daily extended hours GP and nurse appointments.

Extended hours GP and nurse appointments are available from this site from 6:30pm to 8pm Monday to Friday, 8am to 8pm on Saturdays and Sundays.

In 2018-19 the service provided 20,634 appointments (60% GP and 40% nurse appointments). The GPs predominantly see routine patients and nurses predominantly see patients for wound dressings, contraceptive advice, smears, ear syringing and shingles vaccinations.

This location was visited and inspected as part of our overall inspection of Sutton GP services limited.

The management team consists of a director of operations, a board of six directors (five local GPs and a practice manager finance lead), a chairperson (GP), and a lead nurse.

The service employs nine staff members. The clinical team at the hub is made up of 24 long-term bank GPs and 11 long-term bank nurses. The non-clinical service team consists of a hub manager and nine long-term bank reception staff members.

The site operates from a single floor purpose-built premises, which also houses a GP practice (operated by a different provider). Car parking is available in the premises. Two consulting rooms are used by the Sutton GP Services limited.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The host practice conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. The provider informed us that they had reported only one safeguarding concern since the start of the service.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 service used an online system to maintain staff recruitment and training records, manage staff rota's and to monitor staff training. The system sends out an automated e-mail to staff if any of their documents were due for renewal. For example, DBS checks, indemnity insurance and mandatory training. All staff who worked for the service had access to this online system which they used to book work shifts; if any of their documents were out of date the system did not allow them to book work shifts.
- All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The service had access to the patients notes from their registered GP practice.
- The service had a system in place to report back to the patients' registered GP.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Appropriate and safe use of medicines

## Are services safe?

The service had reliable systems for appropriate and safe handling of medicines.

- The provider had a service level agreement to use the emergency medicines and equipment from the host practice. We found the systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment, and vaccines, minimised risks. However, the provider did not have an oversight of which emergency medicines were kept in each location.
- The service kept prescription stationery securely and monitored its use. Arrangements were also in place to ensure medicines and medical gas cylinders carried in vehicles were stored appropriately.
- The service did not carry out any medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

- There was a system for receiving and acting on safety alerts.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, there was a power outage at the Old Court House Surgery on a Sunday morning. The service implemented their business continuity plan; all patients were contacted, and their appointments were re-scheduled to the Wrythe Green Surgery site. All stakeholders were informed about this incident. This incident was discussed in a governance meeting and with the local Clinical Commissioning Group to ensure staff learning.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. The provider used an external service to send medicines and safety alerts to staff; this service allowed the provider to monitor how many staff had read these alerts and to send follow-up e-mails for staff who had not read them.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service used the information collected for the local Clinical Commissioning Group (CCG) and performance against contractual key performance indicators to monitor outcomes for patients. This information was available on a performance dashboard.

Information recorded and presented in the service performance for April 2018 to March 2019 included:

- The percentage of available appointments (20,634) booked by type (nurse, GP and 111) was 89.1% (18,055 appointments); the utilisation increased from 77.9% in April 2018 to 99.3% in March 2019.
- The Did Not Attend (DNA) rate by type (nurse, GP and 111) was 14.2% (2566 appointments); the DNA rate for April 2018 was 14.5% and March 2019 was 15.1%
- The hub standards included the compliance for the following indicators:
- Offer pre-bookable, same day appointments, 7 days a week.
- Hub is open to all GP registered population.
- Hub has read/write access to medical records.

- Hub is accessible via 111 booking.
- Hub is accessible via patient online booking (The service was not compliant with this indicator).
- Hub is accessible via practice booking,
- Hub has provided additional capacity.

There was some evidence of quality improvement.

- The service regularly reviewed the notes of GPs and nurses and one to one feedback was provided if any concerns were identified and we saw evidence to support this. However, the service did not discuss the audit results for GPs and nurses who were performing well.
- The service had not undertaken any clinical audits.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained; however, the service did not maintain training records for GPs for information governance, infection control and fire safety. After we raised this issue with the provider, they included these training in their monitoring system and sent us evidence to support this.
- Staff were encouraged and given opportunities to develop.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The GPs and nurses were not employed by the service and were temporary staff. The nursing staff did not have regular formal appraisals; however, they received feedback from the nursing lead and staff we spoke to confirmed this.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

# Are services effective?

- The GP lead supervised the GPs working in the hubs and the nurse lead provided advice on nursing issues, trained the healthcare assistants on performing health checks and competency assessed them.

## Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transferring patients to other services, and dispatching ambulances for people that required them. Staff were authorised to make direct referrals and appointments for patients with other services.

## Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support. For example, the provider offered health checks for patients aged between 40 and 74. The provider had access to details of all patients within the local Clinical Commissioning Group (CCG) where the individual practices had signed an information sharing agreement with the provider. They used a search and report tool to identify eligible patients and sent them a text message encouraging them to book a health check appointment in the hub.
- Where appropriate, staff gave people advice, so they could self-care. Systems were available to facilitate this.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance. However, we found that patient consent was not recorded for health checks. After we raised this issue with the provider, they informed a consent box will be added to the health checks template in their patient management system.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.



# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- All of the 49 patient Care Quality Commission comment cards we received and the two patients we spoke to during the inspection were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.

## **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- Patients told us through comment cards, that 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.
- Staff communicated with people in a way that they could understand, for example by using communication aids and easy read materials.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.



# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of its population and tailored services in response to those needs. For example, they offered 15-minute appointment slots for patients to ensure all their needs were addressed. The provider engaged with commissioners to secure improvements to services where these were identified.
- The provider improved services where possible in response to unmet needs. For example, the provider offered health checks for all patients living in Sutton aged between 40 and 74 to improve access to patients; the patients could have their health checks at convenient times. The provider had advertised this service in all GP practices in the local Clinical Commissioning Group (CCG) to improve uptake.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when people found it hard to access the service. For example, patients had access to interpreter services.

## Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service operated on all days including bank holidays. On weekdays it operated from 6:30pm to 8pm and on weekends and bank holidays from 8am to 8pm.
- Patients could access the service through their GP practice, by directly calling the service, or through NHS 111.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service engaged with people who are in vulnerable circumstances and took actions to remove barriers when people found it hard to access or use services. For example, the provider in partnership with a local community drug and alcohol service offered shared care for patients on opiate substitution therapy.
- Patients with the most urgent needs had their care and treatment prioritised.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Six complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- The service raised quality alerts and concerns and learned from them. For example, a secondary care referral made by a GP was rejected as there was not enough information. Following this the service made a specific referral form easily accessible to the GPs and a protocol had been added to the patient management system for ease of making referrals.

# Are services well-led?

**We rated the service as good for leadership.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff felt engaged in the delivery of the provider's vision and values.

## Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. Staff we spoke to reported they were happy to work at the service and felt supported by the management.
- The service focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All employed staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All members of staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. The provider used a social media application to communicate regularly with non-clinical members of staff.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

# Are services well-led?

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.

The service had not undertaken any clinical audits.

The provider had plans in place and had trained staff to be able to deal with major incidents. We saw evidence these systems had worked during recent incidents when they were not able to use the premises.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the provider added more nursing services including contraception advice, B12 and Depo injections, cervical screening, ear irrigation and health promotion including hypertension and weight management.
- Staff were able to describe to us the systems in place to give feedback. For example, the patients were provided a feedback form to complete after each consultation.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a strong culture of innovation evidenced by the number of pilot schemes the provider was involved in. For example, the provider was piloting an acute home visiting service for its member practices in Sutton CCG. The service is provided to domiciliary patients requiring same day assessment who have been triaged by a clinician in their practices and needing a visit within two hours; this service is run by nurse prescribers.
- The service informed us that they are planning to pilot a diabetes reversal programme and are currently in discussion with NHS England regarding this.