

Canbury Medical Centre

Quality Report

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Date of inspection visit: 17 January 2016
Date of publication: 07/03/2017

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 Canbury Medical Centre on 17 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Overall, risks to patients were assessed and well managed; however, one member of non-clinical staff who acted as a chaperone had not received a Disclosure and Barring Service (DBS) check (the practice had risk assessed this decision and internal guidelines stated that the chaperone should not be left alone with a patient).
- The practice had systems in place to ensure that blank prescription sheets and pads were securely stored; however, they did not have a process in place to monitor their use. The practice had a prescribing policy which included the process for disposing of uncollected prescriptions; this did not include clinical oversight of the prescriptions being destroyed.
- 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 had two Advanced Nurse Practitioners who ran acute clinics; we saw evidence that opportunities were available to them to request advice from GPs, however, there was no formal process in place for the supervision of this enhanced role.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand; however, the complaint responses we viewed did not include contact information for the Parliamentary and Health Service Ombudsman. Improvements were made to the quality of care as a result of complaints and concerns.
- Some patients said it could be difficult to get through to the practice by phone; however, the practice was in the process of addressing this issue. We viewed the appointments system and found that pre-bookable

Summary of findings

appointments were available within a few days, and urgent appointments were available the same day, including after-school appointments reserved for children.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had processes in place to ensure that all permanent staff were up to date with the training they needed to carry-out their roles safely. We saw evidence that the practice checked that locum staff had received the required training prior to starting work at the practice; however, there was no process in place to check that long-term locum staff kept up to date with refresher training.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- They should ensure that all responses to complaints include contact information for the Parliamentary and Health Service Ombudsman.
- They should ensure that all staff who act as chaperones have received a DBS check.
- They should continue to work on implementing a log of prescription sheets and pads received and issued, and review their policy for disposing of uncollected prescriptions to ensure that it includes clinical oversight.
- They should consider reviewing the scope of the Advanced Nurse Practitioner role and the arrangements for their supervision and support to assure themselves that the system is safe.
- They should ensure that processes are in place to check that long-term locum staff are up to date with required refresher training.

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.

- 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 average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment; however, there were no specific arrangements in place to supervise the work of the Advanced Nurse Practitioners.
- 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.

- 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.

Good



Summary of findings

- 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. Staff at the practice were involved in the local GP federation, and took advantage of the opportunities for learning that this provided
- Some patients said it could be difficult to get through to the practice by phone; however, the practice was in the process of addressing this issue. We viewed the appointments system and found that pre-bookable appointments were available within a reasonable length of time, and urgent appointments were available the same day, including after-school appointments reserved for children.
- 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; however, the examples of complaint responses that we viewed did not include contact details for the Parliamentary and Health Service Ombudsman. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Performance for conditions typically found in older people were comparable with local and national averages; for example, the percentage of patients with hypertension who had well controlled blood pressure was 80% compared to a CCG and national average of 83%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall, performance for diabetes related indicators was comparable to the CCG and national average. The practice achieved 94% of the total QOF points available, compared with an average of 96% locally and 90% nationally. The practice had conducted an annual asthma review for 73% of patients, which was comparable to the CCG average of 75% and national average of 76%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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

Good



Summary of findings

A&E attendances. The practice's safeguarding lead met fortnightly with a senior health visitor to discuss children who were at risk. 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.
- Cervical screening had been carried-out for 77% of women registered at the practice aged 25-64, compared to the CCG and national average of 82%; however, the practice's exception reporting rate for cervical screening was below local and national averages at 3% compared to a CCG average of 11% and national average of 7%.
- Appointments were available outside of school hours, and the practice reserved a number of late afternoon appointments specifically for children; the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors, who were based within the practice.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care; for example, they had recently started offering Saturday morning appointments.
- 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.
- The practice was working towards accreditation with the Kingston Integrated Sexual Health Network which recognised practices providing accessible and user friendly sexual health services to young people.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. They had arranged for a local carers' charity to provide a fortnightly drop-in service from the practice to provide advice and support to patients with caring responsibilities; this was scheduled to start a few weeks after the inspection.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice had 35 patients diagnosed with dementia and 88% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average of 84%. The practice's exception reporting rate for this indicator was 3% compared to a CCG average of 6% and national average of 7%.
- The practice had 121 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 98% of these patients, compared to a CCG average of 96% and national average of 89%.
- 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.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy nine survey forms were distributed and 101 were returned. This represented approximately 1% of the practice's patient list.

- 49% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and national average of 73%.
- 70% 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 71% and national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 77% 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 79% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients commented that staff at all levels at the practice were kind and caring and responded to their needs.

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

Canbury Medical Centre

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 Canbury Medical Centre

Canbury Medical Centre provides primary medical services in Kingston to approximately 9700 patients and is one of 26 practices in Kingston Clinical Commissioning Group (CCG). The practice is registered as a partnership, which also runs a practice based in Surbiton Health Centre. Some staff including GPs, nurses and the practice manager work across sites. The practice is a training practice and provides placements to GP registrars.

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 11%, which is lower than the CCG average of 12%, and for older people the practice value is 16%, which is higher than the CCG average of 13%. The practice has a larger proportion of patients aged 35 to 54 and a lower proportion of patients aged 70+ than the CCG average.

The practice operates from a single storey purpose-built premises. A small amount of car parking is available at the practice, and there is space to park in the surrounding streets. The practice consists of a reception desk area and adjoining waiting area, administrative offices, a library, a staff kitchen, a baby clinic room, and 12 consultation rooms (one of which is a treatment room and one a minor surgery room).

The practice team at the surgery is made up of one part time female GP, one part time male GP and one full time male GP who are partners, one full time and two part time female salaried GPs, and two GP registrars. The practice provides training placements to trainee GPs, and has two GP registrars. In total 30 GP and 12 GP registrar sessions are available per week. The practice also employs two part time female nurse practitioners, three part time nurses, and one part time healthcare assistant. The clinical team are supported by a practice manager, assistant practice manager, a secretary and 13 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 reception is open between 8:30am and 6:30pm Monday to Friday and from 8:30am to 12 noon on Saturdays. Appointments are from 8.30am to 6:30pm on Mondays and Fridays, from 7am to 6:30pm on Tuesday, Wednesday and Thursday, and 8:30am to 11:30am on Saturdays.

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

Detailed findings

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 17 January 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and administrative 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. The practice used a computer based system, to report and record significant events. The system contained a template which allowed details of the incident to be recorded, an action plan to be added, and for the incident to remain “open” on the system until details of the outcome were added. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded an incident where a two-week-wait suspected cancer referral was not processed. Having analysed the event, the practice identified that the form had not been sent to the administrative team to be emailed to the local hospital. Following this incident the practice introduced a new system where all two-week-wait referrals were given specific codes on the patient records system, and a weekly search was made for these codes, which was checked against the referrals that had been sent in order to identify any that had been missed.

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; the safeguarding lead met monthly with a senior health visitor to discuss children on the child protection register. 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, nurses were trained to level 2 and non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. The practice mainly used clinical staff to act as chaperones, but had one member of non-clinical staff who was used when no clinical staff were available; this member of staff had not 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 told us that they had risk assessed this decision and decided that the risk to patients was low because the chaperone would not be left alone with the patient.
- 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 which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

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; the practice did not have systems in place to monitor the use of prescription forms and pads, this was something they had identified the need for and they were in the process of putting a recording system in place. The practice had a prescribing policy which included the process for disposing of uncollected prescriptions; however, this did not include clinical oversight of the uncollected prescriptions being destroyed.

- Two of the nurses had qualified as Advanced Nurse Practitioners (ANP) and Independent Prescribers and could therefore prescribe medicines. The ANPs ran acute clinics and there were no limitations placed on the patients that could be seen in these clinics. The ANPs attended daily clinical meetings, where they had the opportunity to ask for advice or raise concerns about patients, and could contact any of the GPs at any time for advice and support. The ANPs did not have formal supervision sessions set aside to discuss patients, and there were no formal arrangements in place for the ANPs' consultation notes to be reviewed; however, the partners explained that there was opportunity for any problems with diagnosis and treatment to be identified when the patient was seen by a different clinician, as most patients did not have a named GP. We saw evidence that the ANPs had opportunity to maintain their knowledge and skills; for example, they attended the two-monthly CCG Independent Prescribers meetings, and we saw from the record of one ANP's annual appraisal that they had been invited to shadow consultations in the specialist dermatology clinic run by one of the GPs, in order to develop knowledge in this area.
- 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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (PSD) (PSDs are written instructions from a qualified and registered prescriber for a medicine

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

- We reviewed three personnel files and found 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 for staff who had been risk assessed as requiring these checks.

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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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, audits and cross checking of patient records when patients were seen by different clinicians.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98%, which was the same as the Clinical Commissioning Group (CCG) average and comparable to the national average of 95%. The practice's overall exception reporting rate was 10% compared to the CCG average of 12% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Overall, performance for diabetes related indicators was comparable to the CCG and national average. The practice achieved 94% of the total QOF points available, compared with an average of 96% locally and 90% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 80%, which was comparable to the CCG average of 82% and national average of 78%; the proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 76%, compared to a CCG average of 83%

and national average of 78%; and the proportion of these patients with a cholesterol level within the healthy range was 82% (CCG average was 84% and national average was 80%).

- The practice had conducted an annual asthma review for 73% of patients, which was comparable to the CCG average of 75% and national average of 76%.
- The practice had 35 patients diagnosed with dementia and 88% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average of 84%. The practice's exception reporting rate for this indicator was 3% compared to a CCG average of 6% and national average of 7%.
- The practice had 121 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 98% of these patients, compared to a CCG average of 96% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, following information from the local referrals management team about the practice's rate of referral to hospital, they had met with other practices in the CCG to identify ways in which patients could be effectively managed and treated without referral to hospital.
- There had been nine clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored. Information about patients' outcomes was used to make improvements; for example, the practice had conducted an audit of antibiotic prescribing to check that they were prescribing in line with guidance. Following a baseline audit, they had shared the outcome with the clinical team and reinforced prescribing guidance; they had also put a bar on staff issuing repeat prescriptions for antibiotics unless the patient had been re-assessed by a clinician. A follow-up audit three months later found an improvement in prescribing in accordance with guidance; for example, prescribing of antibiotics for urinary tract infections in accordance with guidance had improved from 73.5% to 82%.

Are services effective?

(for example, treatment is effective)

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. Nursing staff had received training in diabetes care, asthma care and wound management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The assistant practice manager was working with long-standing members of the administrative team to assess whether they needed to refresh their training in tasks such as scanning and the use of the electronic patient records system. We saw evidence that the practice checked that locum staff had received the required training prior to starting work at the practice; however, there was no process in place to check that long-term locum staff kept up to date with refresher training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Cervical screening had been carried-out for 77% of women registered at the practice aged 25-64, compared to the CCG and national average of 82%; however, the practice's exception reporting rate for cervical screening was below local and national averages at 3% compared to a CCG

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

average of 11% and national average of 7%. The practice explained that they had been working to increase the uptake of cervical screening for eligible patients; for example, they had asked reception staff to check whether patients were due any tests or reviews when they booked appointments, and where appropriate, remind patients of their need to attend. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; their uptake for breast cancer screening was higher than the CCG average (77% compared to a CCG average of 67% and national average of 72%). Their uptake for bowel cancer screening was 59%, which was comparable to the CCG average of 55% and national average of 58%.

Childhood immunisation rates met the 90% target rate in most cases.

- The percentage of children aged one year registered at the practice who had received a full course of recommended vaccines was 87%.
- The percentage of children aged two years registered at the practice who had received the pneumococcal conjugate booster vaccine was 90%.
- The percentage of children aged two years registered at the practice who had received the haemophilus influenza type b and meningitis C booster vaccine was 91%.
- The percentage of children aged two years registered at the practice who had received the measles, mumps and rubella (MMR) vaccine was 94%.
- The percentage of children aged five years registered at the practice who had received the first dose of MMR vaccine was 93% and the percentage who had received the second dose was 84%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. 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. The practice's results were comparable to CCG and national averages satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 92%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 87% 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%.

- 87% of patients said they found the receptionists at the practice helpful, which was the same as the CCG and national average.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% 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. We saw notices in the reception areas informing patients this service was available.
- The practice's website had the facility to have text read out, for patients who had poor vision or were unable to read.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers (1% of the practice list). Flu vaccination was offered for patients who were carers. The practice explained that over the past few months they had been working with Kingston Carers' Network to set up a fortnightly drop-in clinic for carers at the practice, where carers could access

information about support available to them; this service was scheduled to begin in February. Prior to the drop-in clinic starting, carers were able to access a similar service at the provider's other site, which was nearby.

Staff told us that if families had suffered bereavement, their usual GP contacted them if appropriate. 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. For example, staff at the practice were involved in the local GP federation, and took advantage of the opportunities for learning that this provided.

- The practice offered a 'Commuter's Clinic' on a Tuesday, Wednesday and Thursday morning from 7am and on Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Specific after school appointments were set aside for children.
- 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 reception was open between 8:30am and 6:30pm Monday to Friday and from 8:30am to 12 noon on Saturdays. Appointments were available from 8.30am to 6:30pm Monday to Friday. Extended hours appointments were offered from 7am to 8:30am on Tuesday, Wednesday and Thursday and from 8:30am to 11:30am on Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

- 48% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and national average of 73%.

Following the publication of the survey, the practice consulted with the Patient Participation Group (PPG) and the PPG subsequently ran a patient survey to gather information about patients' preferred access to appointments. As a result, the practice introduced Saturday morning appointments; they also began to offer online appointment booking for both advance and on-the-day appointments, and were in the process of measuring the impact of this in order to decide whether changing the proportion of appointments available for online booking would be beneficial. The PPG's survey had found that many patients preferred to attend the practice in order to make an appointment, and therefore the practice had begun to open the building at 8am to allow patients with this preference to wait in comfort for reception desk to open at 8:30am.

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

The practice had a system in place to assess:

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

Requests for a home visit were recorded in a home visit book by reception staff, these requests were then discussed at the daily late-morning clinical meeting to identify the most appropriate GP to visit the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system; for example, a poster was displayed in the waiting area and a leaflet was available.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency; however, we noted that responses to complaints did not contain contact details for the Parliamentary and Health Service Ombudsman. Lessons were learnt from individual concerns

and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was received from a patient who had been given conflicting advice by staff at the practice about the frequency with which she needed to be seen for a contraceptive pill check. As a result of the complaint, the issue was discussed with the clinical team, and a new practice policy for the prescribing of contraceptive pills was introduced.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and the management team met regularly to monitor progress on tasks and projects that were being undertaken.

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). This included support and training for all staff on communicating with

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice produced a weekly staff newsletter, which provided staff with updates and information about the practice. Staff we spoke to told us that they found the newsletter a valuable resource for keeping up to date with information and changes.
- 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 consisted of a group of around 15 members who met regularly, and a virtual group of around 200 patients who were contacted via email. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had become aware that some patients were having difficulty making appointments at the practice, and that patients were queueing outside the practice before it opened in order to make an appointment. The PPG had therefore attended the practice every day for a week in order to speak to

Are services well-led?

Good 

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

patients who were waiting in the queue about their views on the appointment system. As a result of the feedback provided by the PPG, the practice had agreed to open the building half an hour before the reception desk opened in order to allow patients to wait in comfort. The practice was also in the process of reviewing the mix of appointments and methods for booking in order to ensure there was an appropriate balance to optimise the appointments system.

- The PPG also arranged for external speakers to attend the practice to provide educational talks to patients. Their most recent talk had been from the Governor of Kingston Hospital, who spoke about upcoming changes at the hospital; this had been attended by approximately 30 patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management; for example, the reception team had suggested that any calls received from patients with queries about the processing of their repeat prescription should be put through to the member of reception staff who was processing prescriptions on that day, as they would be best placed to answer the query, and this change to process was put in place. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local collaborations to improve outcomes for patients in the area. For example, members of the management team were involved in the running of the local GP federation, which allowed the sharing of information and resources between practices in the area.

The practice had access to a specialist intranet system, and demonstrated the ways in which they used the system to optimise their governance framework; for example, the system was used to record and analyse significant events and complaints and had the facility to track the processing of incidents and flag incomplete tasks. The system was also used to monitor staff training to ensure that update training was completed before it became overdue.

The practice had a commitment to ensuring that staff maintained up to date knowledge and skills and that opportunities were available for staff to broaden their skills. For example, the practice invited external speakers to attend both clinical and nursing meetings to provide information and training on topics such as wound management and the management of specific conditions. The practice also encouraged staff to attend external training opportunities such as CCG educational and networking events. The practice was also in the process of working with long-standing members of the administrative team to assess whether they needed to refresh their training in tasks such as scanning and the use of the electronic patient records system.