

The Surgery

Quality Report

71 Broad Lane
Hampton
Richmond upon Thames
TW12 3AX

Tel: 020 89795406

Website: www.broadlanesurgeryhampton.co.uk

Date of inspection visit: 13 September 2016

Date of publication: 24/10/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery on 13 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. We identified some areas that needed strengthening, and the practice took swift action to keep patients safe (for example ordering a particular emergency medicine).
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Consider how to make details of the cold chain policy easily accessible to staff checking the vaccine fridges.
- Consider providing accessible information for patients with learning difficulties.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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. We identified some areas that needed strengthening, and the practice took swift action to keep patients safe (for example ordering a particular emergency medicine).

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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.
- 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.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Particularly vulnerable patients (for example those who were housebound) were able to request repeat prescriptions by telephone.
- The practice was part of a scheme to identify patients at most risk of a deterioration in health and completed care plans. GPs and nurses had agreed individual care plans with more than 3% of patients, compared to 2% nationally.
- Immunisation rates for flu were relatively high. In 2013/2014: 81% of patients aged 65 and older received the vaccination (73% nationally). The practice showed us that 81% of eligible patients (over 65 and other at risk groups) received the vaccination in 2015/2016.
- 73% of patients over 75 years old received an annual health check in 2015/16.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice provided tests to help diagnose patients or assess the management of long-term conditions, such as INR (blood clotting) testing.
- Performance for diabetes related indicators was comparable to or above the national average. For example, 83% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the national average of 78%, and 92% of patients with diabetes had a foot examination and risk classification, compared to the national average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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.

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.
- 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

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

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, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice provided home visits for patients with learning disabilities who found it difficult to attend the practice.
- 85% of patients with learning difficulties received an annual health check in 2015/2016.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average in 2014/15. Other mental health indicators were in line with the national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 thirty-four survey forms were distributed and 108 were returned. This represented over 2% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 39 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. Two cards had suggestions for improvement to appointment booking systems.

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

The Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to The Surgery

The Surgery is based in Richmond, a residential area on the south west of London. The practice is based in a converted premises. There is a consultation room on the ground floor, and a stairlift to allow patients with restricted mobility to access the consultation rooms on the first floor.

Three doctors work at the practice: one male and two female. One of the doctors is in partnership with a (non-clinical) management partner. Some of the GPs work part-time. Full time doctors work 8 sessions per week. The practice provides 18 GP sessions per week. The (all female) nursing team is made up of a practice nurse and a Health Care Assistant. They both work part-time, with all of the nursing hours adding up to just under one full-time role.

The practice is open from 8.30am to 1.30pm and 2.30pm to 6.30pm Monday to Friday. GP appointments are available from 8.30am to 12.30pm and 4pm to 6pm Monday to Friday. On Wednesday appointments are available until 7.50pm.

When the practice is closed, patients are directed to Richmond GP out of hours service.

There are approximately 4700 patients at the practice. Compared to the England average, the practice has more older working age patients (over 35) and older people and fewer children and young people (under 35). The surgery is based in an area with a deprivation score of nine out of 10

(1 being the most deprived), and has a lower levels of income deprivation affecting older people and children. Compared to the average English GP practice, fewer patients are unemployed. Most of the patients are White British/Mixed British

The practice offers GP services under a General Medical Services contract in the Richmond Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, surgical procedures, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The GP partner was previously registered with the CQC to provide GP services from the same address as Dr Parvin Bhatia. An inspection took place on 11 June 2013. The inspection team found that the practice was meeting the regulations in place at that time.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 13 September 2016. During our visit we:

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

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

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, after a patient was prescribed an incorrect dose of a particular medicine, the practice checked that other patients were on correct dosages and amended their prescribing policy to include this medicine and the monitoring arrangements for it.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, all members of the nursing team to level 2 and non-clinical staff 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (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.) Fridges where vaccines were stored were checked daily to make sure that the vaccines were kept at the correct temperature. There was a protocol in place for this, but it was not easily available to all staff. Blank prescription

Are services safe?

forms and pads were securely stored and but there were no systems in place to monitor their use. We raised this with the practice and the day after the inspection, they sent details of a comprehensive prescription security policy, including procedures for monitoring use of prescription slips.

- The practice carried out regular medicines audits, on its own initiative and with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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.

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. The practice had up to date fire risk assessments and carried out regular fire drills. Clinical equipment was checked to ensure it was working properly. Electrical equipment had not been checked recently to ensure that it was safe to use, but we saw evidence (the day after the inspection that it had been arranged). 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 rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice did not have any atropine (a medicine used to treat a slow heart rate, which is sometimes a complication of coil fitting) or glucagel (a medicine used to treat a low blood sugar). We raised this with the practice and the day after the inspection received evidence that both medicines had been ordered.
- 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 random sample checks of patient records.
- When new guidelines were issued the practice developed or updated computer templates to make it easier for clinical staff to follow best practice.

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 (for 2014/2015) were 100% of the total number of points available, compared to the local average of 94% and the national average of 95%. The practice showed us (unvalidated and unpublished) data that showed that practice was had achieved 100% QOF score in 2015/2016.

- Performance for diabetes related indicators was similar to or above the national average.
 - 83% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the national average of 78%.
- 82% of patients with diabetes had well controlled blood pressure, compared to the national average of 78%.
- 97% of patients with diabetes had an influenza immunisation, compared to the national average of 94%.
- 88% of patients with diabetes had well controlled total cholesterol, compared to the national average of 81%.

- 92% of patients with diabetes had a foot examination and risk classification, compared to the national average of 88%.
- Performance for mental health related indicators was similar to or above the national average.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the national average of 88%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the national average of 90%.
- 81% of patients diagnosed with dementia had a face-to-face review of their care, compared to the national average of 84%.
- 94% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the national average of 94%.

Practice rates of exception reporting were comparable to local and national averages. (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).

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits carried out in the last two years, five of these were completed audits where the improvements made were implemented and monitored. Re-audits were planned for those that had not yet been repeated to check that improvement had taken place.
- One clinical audit looked at how well controlled cholesterol was in patients with heart disease, diabetes, peripheral vascular disease or who have had a stroke in 2013/14 and in 2014/15. Between the first and second audits the practice reviewed the medicines that patients were prescribed to manage their cholesterol level, and changed the medicine of patients whose cholesterol was not well controlled (where patients agreed). In the second audit the practice found that control of cholesterol in patients with heart disease and diabetes

Are services effective?

(for example, treatment is effective)

had improved, although the other groups had not. The practice continued to work with patients to improve their cholesterol control, and re-audit to check that the improvements continued.

- Other audits were carried out to check practice processes, for example in 2015 the practice audited its arrangements for safeguarding children and other audits checked prescribing practice. In 2014, practice prescribing for antibiotics and other monitored medicines was comparable to the national average. The practice was also prescribing for cost effectively, achieving an underspend of 3% in 2015/16.
- CCG data showed that the practice had fewer than expected patients recorded as having dementia. To make sure that patients received the correct support, the practice carried out its own searches and then employed an external organisation to check the medical records. The practice told us this check identified few errors, and none regarding dementia.

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.
- 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.

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 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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, through for example a dietician referral or smoking cessation support. Patients with diabetes were referred for education on how to manage their health.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 44% to 93% (CCG rate 45% to 93%) and five year olds from 74% to 95% (CCG rate 65% to 95%).

Immunisation rates for flu were relatively high. In 2013/2014: 81% of patients aged 65 and older (73% nationally) and 73% of patients under 65 eligible because of their medical history (compared to 50% nationally). The practice showed us that 81% of eligible patients (over 65 and other at risk groups) received the vaccination in 2015/2016 (based on unvalidated and unpublished data).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks. In 2015/16:

- 73% of patients over 75 years old received an annual health check.
- 85% of patients with learning difficulties received an annual health check.

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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 39 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. Two cards had suggestions for improvement to appointment booking systems.

We spoke with eight patients and two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 86% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

GPs and nurses had agreed individual care plans with more than 3% of patients, compared to 2% nationally. We 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 82% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 82% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, 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. There was no easy-read information for patients with a learning difficulty.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified just over 1% of patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation and/or by giving them advice on how to find a support service. The practice website had useful advice on the procedure to follow to register a death.

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, GPs and nurses were trained to administer tests, such as electrocardiogram or ECG examinations of the heart, spirometry tests of the lungs and INR tests of blood clotting, to avoid patients having to attend a hospital.

- The practice offered evening appointments on Wednesday from 6.30pm until 7.50pm for working patients who could not attend during normal opening hours.
- Telephone appointments meant that patients could receive calls from a GP without having to visit the practice.
- There were longer appointments available for patients with a learning disability. The practice provided home visits for patients with learning disabilities who found it difficult to attend the practice.
- Home visits were available for older patients and other patients who had clinical needs which resulted in difficulty attending the practice.
- Particularly vulnerable patients (for example those who were housebound) were able to request repeat prescriptions by telephone.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice arranged an external assessment of their premises in 2015, which found that the practice met the current standards for disabled access.

Access to the service

The practice was open from 8.30am to 1.30pm and 2.30pm to 6.30pm Monday to Friday. GP appointments were available from 8.30am to 12.30pm and 4pm to 6pm Monday to Friday. On Wednesday appointments were available until 7.50pm.

In addition to pre-bookable appointments that could be booked up to six 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 comparable to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

A GP telephoned any patient requesting a home visit to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. 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.
- We saw that information was available to help patients understand the complaints system, with details in the practice leaflet, in reception and on the website.

We looked at four complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, after complaints about repeat prescriptions not being ready for collection, the practice arranged a meeting with local pharmacies to identify and resolve issues in the electronic and automated

Are services responsive to people's needs?

(for example, to feedback?)

prescribing system. The practice also began giving patients whose prescription could not be issued a written explanation (for example that the patient needed a review with the doctor).

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners were working with other practices locally to develop new ways to provide services, through their involvement on the local GP federation and the community interest company (of which one of the partners was a director).

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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We identified some areas that needed strengthening, and the practice took swift action to keep patients safe (for example ordering a particular emergency medicine).

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 partners' leadership was recognised locally, and their expertise had been used to support other practices. For example, one of the partners was the clinical prescribing lead for the CCG in 2015/16.

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 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.

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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG suggested a practice newsletter, which was introduced.

Are services well-led?

Good 

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

The PPG members told us that the practice was very open and transparent in their communication with the group; encouraging discussion about survey data, and (appropriately anonymised) complaints and incidents.

- 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. 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 within the practice. The practice team was

forward thinking and part of local schemes to improve outcomes for patients in the area, for example through their leadership of the community interest company and by sharing prescribing expertise.

The partners worked with NHS and voluntary providers to improve the local out of hours care service.

The practice participated in a pilot study conducted by The King's Fund in collaboration with the Care Quality Commission (CQC), aimed at assessing leadership and culture in primary health care. This showed that staff gave high ratings for the management and leadership in the practice.