

Wandsworth Medical Centre

Quality Report

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Date of inspection visit: 26 January 2016

Date of publication: 23/05/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wandsworth Medical Centre on 26 January 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Patients said they found it easy to make an appointment with a named GP and that 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:

Improve availability of patient information about chaperoning.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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



- Feedback from patients about their care and treatment was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.

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, for example the elderly, people whose circumstances make them vulnerable, those with long term conditions and carers were all identified and provided with additional support under the Planning All Care Together (PACT) workstream, a Wandsworth CCG local enhanced service.
- 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.
- Appointments were offered at a range of times which reflected the needs of the large working age population. The practice opens between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.00am and 6.30pm. Extended hours are available daily from 6.30pm to 8pm and commuter clinic appointments between 7.30am and 8.00am on Mondays and Tuesdays. Appointments during extended hours are prebookable only. The practice also opens between 9.00am and 12.00am and 1.00pm and 4.00pm on Saturdays for pre-booked appointments. In addition, longer appointments were held for young patients after school.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day, however some patients we spoke to said that there were frequently long waits to see a preferred GP.

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 this.

Summary of findings

- 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 a high level of constructive engagement with staff and a high level of staff satisfaction. There was a strong ethos of teamwork across the practice at all levels, in particular, non-clinical staff were trained, supported and encouraged to work flexibly and in different roles to increase staffing capacity and meet demand at busy times.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff so that 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, with longer appointment times routinely provided.
- Elderly patients were visited at home every six months, especially those not able to attend the practice.
- We saw evidence of close working with district nurses, falls clinics and local hospitals for patients in this group.

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.
- 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.
- Cardiovascular patients were offered structured reviews every six months.
- 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 Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- In the last twelve months, 83% of asthma patients registered with the practice had their condition reviewed, compared with a national average of 75%.
- 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding five years was 81%, which was comparable to the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%.
- Longer 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.

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.
- Appointments were offered at a range of times which reflected the needs of the large working age population. The practice opens between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.00am and 6.30pm. Extended hours are available daily from 6.30pm to 8pm and commuter clinic appointments between 7.30am and 8.00am on Mondays and Tuesdays. Appointments during extended hours are prebookable only. The practice also opens between 9.00am and 12.00pm and 1.00pm and 4.00pm on Saturdays for pre-booked 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.

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, carers and those with a learning disability.

Good



Summary of findings

- Patients with a learning disability were offered longer appointment times and each of the 24 patients registered received an annual health check in 2014/15.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

- The practice scored highly, exceeding national averages, in all mental health related indicators including;
- 100% of 23 patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, compared to a national average of 84% and;
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 93% compared with a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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 on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and sixty two survey forms were distributed and 78 were returned. This represented 0.5% of the practice's patient list.

- 85% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 76% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

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

We received 26 comment cards which were all positive about the standard of care received. Patients commented on the good or excellent service they received from friendly, polite, helpful and professional staff. Clinical staff in particular were also highlighted as being caring and respectful. Comments were also received about the clean and hygienic environment as well as the waiting area being warm and comfortable.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and they thought staff were approachable, committed and caring. During 2015 the practice received 534 responses to its friends and family test. 68% of respondents said they were either likely or extremely likely to recommend the practice to a friend or family member, 16% were unlikely or extremely unlikely to recommend the practice and 16% were neither likely or unlikely, or didn't know if they would, recommend the practice.

Areas for improvement

Wandsworth 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 advisor, a practice manager specialist advisor and an expert by experience.

Background to Wandsworth Medical Centre

Wandsworth Medical Centre provides primary medical services in Wandsworth and is one of 43 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Over the last decade, Wandsworth has had the fourth largest population increase in London and in this time the patient list size of Wandsworth Medical Centre has increased from 5500 to approximately 16,300 patients.

Wandsworth has 50% more 20 to 40 year olds, but 33 per cent fewer older people than other south west London boroughs, reflected in the patient demographics for the practice with 5% of patients aged 65 or over, 81% of patients aged 17-65 years old and 14% aged 16 or younger.

The practice population is in the sixth least deprived decile with income deprivation affecting children and adults comparable to national averages. Fifty four per cent of patients surveyed by the practice indicated their ethnicity as white, 27% mixed, 10% black and 5% of patients identified as Asian.

The practice operates from a purpose built property with patient facilities on the ground and first floors which are accessed by lift or stairs.

The practice clinical team is made up of five GP partners, five salaried GPs, two physician associates, three practice nurses and two healthcare assistants. Four of the doctors are male and six doctors are female. All other clinical staff are female. The practice doctors provide 58 sessions per week. The non-clinical team consists of one practice manager, two assistant practice managers, one management accountant, one reception manager, two medical secretaries, three receptionists and two administrators. The Practice is a training practice for GP registrars.

The practice opens between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.00am and 6.30pm. Extended hours are available daily from 6.30pm to 8pm and commuter clinic appointments between 7.30am and 8.00am on Mondays and Tuesdays. Appointments during extended hours are prebookable only. The practice also opens between 9.00am and 12.00am and 1.00pm and 4.00pm on Saturdays for pre-booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.00am when the practice directs patients to seek assistance from the locally agreed out of hours provider and a local NHS walk in centre.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, family planning services, maternity and midwifery services and treatment of disease disorder or injury.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016.

During our visit we:

- Spoke with a range of staff including three doctors, one nurse, one practice manager and three reception and administration staff.
- Spoke with nine patients who used the service, including representatives of the patient participation group (PPG).

- 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 26 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, a partner or other doctor of any incidents and there was a method of recording incidents on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following errors in processing death notifications, staff were reminded of the practice procedure during weekly meetings for both administrative staff and clinical staff, reception staff training was enhanced and staff were given refresher training on the practice procedure for receiving and processing death notifications. Practice administrative staff could demonstrate the procedure and show us examples of when it had been applied.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3, with nurses trained to safeguarding level 2.

- Chaperones were available if required and could be requested by patients or doctors through reception staff. All staff who acted as chaperones had received appropriate training for the role and a Disclosure and Barring Service check (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 had been taken, or was scheduled, to address any improvements identified as a result, including reviewing the flooring in the phlebotomy room as this was carpeted.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients whomay not be individually identified before presenting for treatment). The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and

Are services safe?

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 a range of personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, we saw the personnel file for a recently employed clinical staff member and found 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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, 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. Non clinical staff had primary roles but were also familiar with secondary roles, where they routinely provide cover for absence and during periods of high demand. Staff were also encouraged and supported to work flexibly to ensure good skill mix and cover.

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 on both the upper and lower floors.
- The practice had an automatic external defibrillator and oxygen available on the premises with equipment for the treatment of both adults and children. 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Guidelines, their monitoring, review and outcomes were discussed at weekly clinical meetings.

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 97% of the total number of points available, with 6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators were in line with local and national averages. For example; the percentage of patients with diabetes, on the register, whose last cholesterol (measured with the preceding 12 months) is 5mmol/l or less was 76%, comparable to the CCG average of 76% but below the national average of 80%. The percentage of patients, on the register, with diabetes with a foot examination and risk classification recorded in the preceding 12 months was 89%, comparable to the CCG and national average of 88%
- The percentage of patients with hypertension having regular blood pressure tests was 81.7% which was similar to the CCG average of 81.5% but below the national average of 83.6%.

- The practice scored highly, exceeding national averages, in all mental health related indicators including;
- 100% of 23 patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, compared to a national average of 84% and;
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 93% compared with a national average of 88%.
- Patients identified as having mental health related concerns were referred to the lead GP for this specialist area where their care was monitored, reviewed and planned for all aspects of their health including mental health.

The practice had a low prevalence of Chronic Obstructive Pulmonary Disease (COPD) linked to the age and demographics of the patient population however the number of checks and reviews for these patients was 93%, above CCG average values of 91% and national averages of 90%.

The practice had effective systems in place to ensure close monitoring and management of patients with mental health conditions, in particular patients with dementia. Dementia care was lead by a GP Partner with specialist interest in mental health conditions and dementia. Patients were under regular review from a named GP and we found evidence from records that the reviews taking place were comprehensive, and focused on holistic care and general well-being as well as their dementia, including a number of additional services such as NHS health checks, weight management services, exercise referrals and smoking cessation services.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits undertaken in the last year, with three audits in progress. Two were completed audits that showed improvements made that were implemented and monitored such as;
- Vitamin D testing schedule audit to ensure this was in line with CCG guidelines. When this was found not to be in line, the guidelines were discussed at a clinical meeting, specifically identified patients were educated on the guidelines and vitamin D education was added to the practice website.

Are services effective?

(for example, treatment is effective)

- The practice were involved in developing a GP Federation, a network of local GP Practices in the area which share their services within the local community, meaning patients could be referred to a different practice for services such as diagnostic screening, blood tests and health promotion schemes, improving access and reducing waiting times for patients who may otherwise be referred to a hospital.

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. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff received mandatory training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate how they ensured role-specific training and update training for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- There were GP leads for safeguarding and dementia who were specifically trained for their roles, took an active participation in local CCG forums for their roles and provided inhouse training for other staff at the practice.

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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated, including meetings with palliative care teams from the local hospice. Internal Clinical meetings occurred on a weekly basis and where appropriate, clinicians disseminated information to non clinical staff during practice meetings.

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 records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a

Are services effective?

(for example, treatment is effective)

long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients with mental health conditions. Patients were then signposted to the relevant service.

Smoking cessation advice, clinics and support were available from a Health Care Assistant (HCA) and a lead GP with a specialist interest in smoking cessation who had previously had their smoking cessation work recognised at a national level. The practice worked with the local council public information campaign and achieved a smoking cessation success rate of 66% in 2014/2015, compared to the CCG average of 40%.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the Clinical Commissioning Group (CCG) average of 81% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by the practice nurse organising a quarterly information campaign to call and recall eligible patients. A record of non-responders was monitored and updated by the practice nurse and used to send text message reminders and letters to non-responders. Eligible patients were also communicated with at other opportunities throughout the year through reminders on patient notes. To encourage

high attendance rates amongst young professional women, and to increase accessibility of the screening programme, the practice made evening clinics available twice a week on Monday and Tuesday and ran clinics on Saturdays morning also.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 95% and five year olds from 64% to 88%.

Flu vaccination rates for the over 65s were 63%, and at risk groups 34% in 2014/15 which were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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 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 26 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with nine patients including four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 87% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 86% and a 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 on the comment cards we received was also positive and aligned with these views.

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:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.
- 91% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice maintained a list of 63 patients who were also carers, representing approximately 0.4% of

Are services caring?

the practice patient list. Alerts were placed on carers notes for all practice staff to see, this allowed carers to have longer appointments booked, and for carers to be offered additional services and support. Written information was also 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 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. Practice staff were involved in the local CCG and had been involved in pilot schemes and research studies. The practice were involved in developing a GP Federation, a network of local GP Practices in the area which shared their services within the local community, meaning patients could be referred to a different practice for services such as diagnostic screening, blood tests and health promotion schemes, improving access and reducing waiting times for patients who may otherwise be referred to a hospital.

- The practice offered a commuter clinic on a Monday and Tuesday Morning from 7.30am until 8.00am, extended hours also ran from 6.30pm until 8.00pm Monday to Friday and from 9.00am to 12.00am and 1.00pm and 4.00pm on Saturdays for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, older people and carers.
- Longer appointments were held for young patients which coincided with the end of the school day.
- Same day home visits were available for older patients and patients who would benefit from these. In addition the practice routinely offered and visited elderly patients at home every six months, especially if they were unable to attend the practice themselves.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access.

Access to the service

The practice opens between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.00am and 6.30pm. Extended hours are available daily from 6.30pm to 8pm and commuter clinic

appointments between 7.30am and 8.00am on Mondays and Tuesdays. Appointments during extended hours are prebookable only. The practice also opens between 9.00am and 12.00am and 1.00pm and 4.00pm on Saturdays for pre-booked appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations 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.

- 87% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 80% and national average of 75%.
- 85% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 77% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 89% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 78% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 62% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.

People told us on the day of the inspection that they were able to get appointments when they needed them, however these appointments were not always with their named GP, a preferred GP or the GP that saw them at a previous appointment.

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 on the practice website, in waiting areas and from reception staff.

We looked at 34 complaints received in the last 12 months and found lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint from a patient about how their enquiry was handled by a member of staff in reception, staff were given additional training specific to their role and all reception staff were

given refresher customer services training. The practice implemented this refresher training on a regular basis and we were able to see they had a reduction in customer complaints of this nature.

Following the mishandling of a notification of a patient's death, all staff were given updated training and a new practice policy and procedure was drawn up and shared with all staff. This was communicated in practice wide meetings and since then there had been no recorded incidents regarding the handling of death notifications.

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 and supporting business plans which reflected the vision and values and were regularly monitored.
- The vision was shared with staff and there was a strong ethos of teamwork across the practice at all levels to achieve it.

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 which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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, both clinical and non clinical teams met weekly, with information routinely shared between the groups at the meetings or via email outside of 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 in doing so and felt supported if they did.
- We noted that team away days were held at least annually and involved nearly every member of the team. The practice also arranged an annual trip overseas for all staff if the practice met or exceeded agreed performance targets. This performance-related incentive was actively participated in by staff at all levels, encouraging teamwork and improving working relationships. The annual trip was funded partly by the practice and partly by individuals.
- 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. There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- Staff told us they were supported and encouraged to work flexibly both in terms of the times and days of the week they attended work and in the roles they undertook. All staff had training and awareness of a different role within the practice and could respond to increased demand and provide support to colleagues in different areas such as reception during busy periods.

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

Are services well-led?

Good 

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

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. There was an active PPG which met two to three times per year, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from patients, the practice had improved the waiting room environment and seating, which patients likened to a 'coffee shop feel'. The PPG also requested that the practice improved information and useability of the practice website which was actioned quickly and satisfactorily. The practice also responded to PPG feedback to have a privacy booth installed at reception and improved visibility of signage for patients informing them that a quiet space for discreet conversations was available.
- The practice had gathered feedback from staff through staff away days and generally 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 strong focus on continuous learning and improvement at all levels within the practice, with non-clinical staff encouraged to take up training opportunities that they were interested in and that would benefit the practice as a whole. Clinical staff were encouraged and supported by colleagues to pursue specialist interests, especially where these would benefit patients such as in dementia and elderly mental health. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as developing a GP Federation, a network of local GP Practices in the area which share their services within the local community, meaning patients could be referred to a different practice for services such as diagnostic screening, blood tests and health promotion schemes, improving access and reducing waiting times for patients who may otherwise be referred to a hospital.