Colliers Wood Surgery

Quality Report

58 High Street, London, Merton
SW19 2BY
Tel: 02085442311
Website: www.collierswoodandlavenderfields.co.uk

Date of inspection visit: 24 November 2016
Date of publication: 06/03/2017

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colliers Wood Surgery on 24 November 2016. Overall the practice is rated as requires improvement.

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

- The practice systems, processes and practices did not always keep patients safe and safeguarded from abuse; for example, with regards to the management and security of prescriptions including blank prescriptions and uncollected prescriptions. The practice provided a chaperone service however this was not well advertised in the practice.
- Risks to patients were assessed and well managed, with the exception of those related to fire safety.
- There was an effective system in place for reporting and recording significant events.
- 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, with the exception of basic life support training for some staff.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to other practices locally and nationally, with the exception of performance related to the practice cervical screening programme.
- Patient comments and satisfaction survey data showed they found it difficult to access appointments; satisfaction with opening times was below local and national averages and patients found it difficult to get an appointment with a female GP. However, there was continuity of care, and urgent appointments were available the same day.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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; however, these arrangements were not always effective, for example with regards to fire safety, prescription management and prescription security.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a patient participation group (PPG) and had started making changes in the practice suggested by the group. At the time of the inspection the group was meeting informally and the local clinical commissioning group were involved in developing terms and conditions for the group.

The areas where the provider must make improvement are:

- Review, improve and monitor the effectiveness of procedures for the safe and secure management of prescriptions, including blank prescriptions and uncollected prescriptions.
- Ensure an up to date fire risk assessment is carried out and actions identified addressed.
- Review and improve patient access to appointments to ensure the needs of service users are met.
- Review and improve governance arrangements including systems and processes used to evaluate service provision and make improvements.

The areas where the provider should make improvement are:

- Review how the chaperone system is advertised to patients.
- Implement, monitor and review systems to ensure basic life support training is carried out at the required intervals for all staff.
- Review processes and procedures to improve uptake in the cervical screening programme.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Continue to engage with patients through the development of the practice patient participation group (PPG).

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- The practice systems, processes and practices did not always keep patients safe and safeguarded from abuse; for example, with regards to the management and security of prescriptions including blank prescriptions and uncollected prescriptions.
- Risks to patients were assessed and well managed, with the exception of those related to fire safety.
- 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to other practice locally and nationally, with the exception of performance related to the practice cervical screening programme.
- 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?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others locally and nationally.
- 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?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- Patient comments and satisfaction survey data showed they found it difficult to access appointments, satisfaction with opening times was below local and national averages and patients found it difficult to get an appointment with a female GP. However, there was continuity of care, and urgent appointments were available the same day.
- 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.
- 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?

Good

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients, however the strategy was not always effective. 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; however, these arrangements were not always effective, for example with regards to fire safety, prescription management and prescription security.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients; however, information received was not always effectively used to improve services, for example with regards to having extended opening times and improving access to appointments.
- The practice had a patient participation group (PPG) and had started making changes in the practice suggested by the group. At the time of the inspection the group was meeting informally and the local clinical commissioning group were involved in developing terms and conditions for the group.

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

Requires improvement

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- All older people had a named GP responsible for their care.
- Patients over 75 years of age were offered an annual health review which 72% of patients had completed in 2015/2016.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local and national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered 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

Requires improvement

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk; for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates were comparable to national averages.
- 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 practice's uptake for the cervical screening programme was 68%, which was below the CCG average of 81% and the national average of 81%.
- 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 and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice did not offer extended hours appointments on weekday evenings or at weekends; however, the needs of the working age population, those recently retired and students had been considered and the practice offered services such as telephone consultation and online services.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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)

Requires improvement

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators was comparable to the local and 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 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing comparably with other practices locally and nationally. Three hundred and forty seven survey forms were distributed and ninety eight were returned. This represented 1% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning group (CCG) average of 63% and the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and the national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 79%.

The practice had reviewed the results of the GP patient survey and had put in place an action plan to address the below average performance, with actions including seeking telephone access solutions, increasing the number of telephone appointments available and continuing the process of relocating both sites to one new premises.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Patient comments included that staff were friendly, professional, caring and kind, with some clinical staff named individually. Comments also included that patients were very happy with the care and treatment services they received; however, two comment cards did mention difficulty in getting appointments.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring; however, patients did tell us that it was difficult to get an appointment with a female GP. The practice participated in the NHS Friends and Family test and the latest available results showed that 91% of patients would recommend the practice to a friend or a family member.

Colliers Wood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector with a GP specialist adviser.

Background to Colliers Wood Surgery

Colliers Wood Surgery provides primary medical services in Merton to approximately 10,000 patients and is one of 24 member practices in the NHS Merton 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).

The practice population is in the fifth less deprived decile with income deprivation affecting children and adults higher than national averages.

The practice operates from two sites; the main site, Colliers Wood Surgery, is located at 58 High Street, Colliers Wood, SW19 2BY and the branch site, Lavender Fields Surgery, is located at 182 Western Road, Mitcham, Surrey, CR4 3EB.

The Colliers Wood Surgery site is a converted retail and residential property over three floors. The site comprises consulting rooms, treatment room, waiting area and reception on the ground floor, with consultation rooms, waiting area and practice management facilities on the first floor and practice management facilities on the second floor. All floors were accessible by lift or stairs. Accessible facilities and baby change facilities were available with breast feeding areas available.

The Lavender Fields site is a converted residential ground floor premises, comprising consultation rooms, patient waiting area, reception and practice management facilities. There are disabled access facilities with baby change facilities installed and step free access throughout.

The practice clinical team is made up of two full time male GP partners, two full time male regular locum GPs and sessions provided by locum GPs equivalent to 1.5 whole time equivalent GPs. The practice employs one full time female practice nurse and one part time female healthcare assistant. The practice offers 31 GP sessions per week across both sites. The non-clinical team consists of two managers, four administrative staff and eight reception staff.

The practice main site opens between 8.00am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.00am and 6.30pm Monday to Friday. Appointments are available between 9.00am and 12.00am and between 3.00pm and 6.30pm Monday to Friday. Extended hours appointments are not offered.

The practice branch site opens between 8.00am and 6.30pm on a Monday, Tuesday and Thursday and between 8.00am and 1.00pm on a Friday. The branch site is closed on a Wednesday. Telephone lines are operational between these same times. Appointments are available between 9.00am and 12.00am and between 3.00pm and 6.30pm on a Monday, Tuesday and Thursday and between 9.00am and 1.00pm on a Friday.

Detailed findings

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 through the NHS 111 service.

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

The practice was not inspected by CQC under our previous inspection regime.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager and non-clinical staff.
- 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.

Requires improvement

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, patients waiting for appointments on the first floor could make use of a waiting room which was unattended by practice staff. An incident occurred in this waiting room which required a safeguarding referral. The practice reviewed the incident and put in place a policy that children and other vulnerable patients should not be asked to wait in the first floor waiting room, but in the main ground floor waiting room where staff supervision could be maintained.

Overview of safety systems and processes

The practice systems, processes and practices did not always keep patients safe and safeguarded from abuse:

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep 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; however we found uncollected prescriptions were not effectively managed as there was no formal system for checking or actions to deal with uncollected prescriptions that we found in both practices.
- Blank prescription forms and pads were not securely stored and there were not systems in place to monitor their use. We found blank prescription pads on shelves and under desks, blank prescription pads left in printers overnight and there were no processes for recording prescription pad delivery, issue and use. During the inspection, the practice reviewed their prescription management arrangements to make the necessary improvements; however, we were not able to assess whether the revised measures were effective.
- There were no posters advising patients that chaperones were available if required and the patients we spoke to were not aware of the chaperone system. However, the practice leaflet did advertise chaperones and we did see evidence that chaperones had been offered and accepted by patients and there was a practice chaperoning policy in place. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- 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, nurses were trained to level 2 and non-clinical staff to level 1.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD)

from a prescriber. (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. 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).

- The practice maintained appropriate standards of cleanliness and hygiene across both sites. We observed the main site to be premises to be clean and tidy and the branch site was also clean and tidy but both sites required some renovations which the practice had applied for funding to support and had also put in place their own action plan to address. 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 by the practice and the most recent NHS England infection control audit showed the practice had 96% compliance. We saw evidence that action was taken to address any improvements identified as a result. For example, we saw that the practice had taken action to replace solid walled baskets in the vaccine fridge with vented baskets, improving airflow and maintaining appropriate temperature.
- On the day of the inspection the practice were unable to gain access to their staff personnel folders; however, the practice did supply copies of the personnel folders within 48 hours of the inspection. We reviewed the personnel files provided 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, with the exception of those related to fire safety.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a fire risk assessment, however this was out of date. The practice did have in place firefighting and detection equipment which had been checked to ensure it was working properly. Staff had received online fire safety training; however, we did not see evidence of fire evacuation drills being carried out regularly. There was a health and safety policy available and the practice had carried out regular health and safety risk assessments for the premises, with actions taken to address concerns identified. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training; however, some clinical staff's basic life support training was out of date. We saw evidence that this training had already been booked for all staff to attend after the inspection.
- The practice had a defibrillator and oxygen with adult and children's masks available at both sites; however, when inspecting the branch site we saw evidence that the defibrillator had malfunctioned shortly before the inspection. This was identified by the practice during routine emergency equipment checks and a new defibrillator had been ordered. Shortly after the inspection we saw evidence this had been delivered and was back in place. A first aid kit and accident book were also available at both sites.

Requires improvement

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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.

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 94% of the total number of points available, compared to the local clinical commissioning group (CCG) average of 95% and the national average of 95%. The practice exception reporting rate was 5% compared to the CCG average of 5% and the national average of 6% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

Performance for diabetes related indicators was comparable to the local and national average. For example:

- The percentage of patients on the diabetes register, in whom the last IFCC-HbA1c (a specific blood glucose level test) is 64 mmol/mol or less in the preceding 12 months was 78%, compared to the local clinical commissioning group (CCG) average of 72% and the national average of 78%.
- The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 65% (CCG 74%, national 78%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 75% (CCG 75%, national 80%).

Performance for mental health related indicators was comparable to the local and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98% compared to the CCG average of 89% and the national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 92% (CCG 90%, national 89%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77% (CCG 85%, national 84%).

Performance for indicators related to heart conditions was comparable to the local and national average. For example:

- In those patients with atrial fibrillation with a record of a CHA2DS2-VASc (risk classification) score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy was 90% (CCG 84%, national 87%).

Performance for indicators related to respiratory conditions was comparable to the local and national average. For example:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 71% (CCG 75%, national 76%).

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 90% (CCG 91%, national 90%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, with findings used by the practice to improve services.
- We saw evidence of two completed two cycle audits where the improvements made were implemented and monitored. For example:
- The practice carried out an audit to see whether patients with atrial fibrillation (AF) were being treated in line with local and national guidelines. In the first audit cycle, the practice identified 69 patients with AF and found that 15% of these patients had not been offered anticoagulation therapy in line with guidelines. The practice discussed the results, shared and discussed the local and national guidelines and put in place actions including calling in all AF patients to review their condition, perform relevant tests in line with guidelines and offer appropriate anticoagulation therapy. In the second audit cycle, the practice found that all 69 patients now had their condition managed in line with guidelines, with 98% of patients being prescribed the relevant anticoagulation therapy. Better awareness of the local and national guidelines also lead to the identification of five new patients with atrial fibrillation to be tested and offered anticoagulation therapy.

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, training was provided in spirometry, used to diagnose and manage respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD).
- 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, as well as external meetings and training events.
- 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 an in-house training programme.

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

Good

Are services effective?

(for example, treatment is effective)

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

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.
- Advice was available for patients on diet and healthy lifestyle as well as smoking cessation with further support available from local support services.

The practice's uptake for the cervical screening programme was 68%, which was below the CCG average of 81% and the national average of 81%. The exception reporting rate for this indicator was 4% compared to the local average of 7% and the national average of 6%. 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 nurse would also telephone patients to book appointments and also offered appointments opportunistically. 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.

Performance for childhood vaccinations was in line with national averages. For example:

- The national expected target uptake for childhood vaccination in patients up to age two is 90%, the practice average across the four indicators used was 89%.
- Practice performance for uptake of the Measles, Mumps and Rubella (MMR) vaccine in patients aged five was 91% for dose 1 (CCG average 86%, national average 94%) and 78% for dose 2 (CCG average 75%, national average 88%).

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, performing in line with local and national averages. For example:

- The percentage of female patients aged 50-70 who were screened for breast cancer within 6 months of invitation was 70% (CCG 63%, national 73%).

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced; however, two comment cards also mentioned that getting an appointment was sometimes difficult. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice 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 comparable to other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 92%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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. We also saw that care plans were personalised.

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Good

Are services caring?

- Information leaflets were available in easy read format and in languages other than English.

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 29 patients as carers (0.3% of the practice list). 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 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.

Requires improvement

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, the practice offered in house phlebotomy appointments for patients requiring blood tests who would otherwise have to travel to another healthcare location.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and translation services available at both sites, however a hearing loop was only available at the branch site. We saw evidence after the inspection that a hearing loop had been ordered and installed at the main site.

Access to the service

The practice main site was open between 8.00am and 6.30pm Monday to Friday. Appointments were available in two sessions daily, from 9.00am until 12.00pm and from 3.00pm until 6.30pm. Extended hours appointments were not offered. The practice branch site was open between 8.00am and 6.30pm on a Monday, Tuesday and Thursday and from 8.00am until 1.00pm on Friday. The branch practice was closed on a Wednesday. Appointments were available in two sessions daily, from 9.00am until 12.00pm and from 3.00pm until 6.30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 60% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.

The practice had reviewed the results of the GP patient survey and had put in place an action plan to address the below average performance. The practice had made some improvements to the telephony system, such as an automatic queuing system, and had other telephone access solutions such as increasing the number of telephone lines available. The practice had taken action to improve access to appointments by increasing the number of telephone appointments available with GPs. The Practice were also continuing the process of merging both main and branch sites and relocating services to one new purpose built premises in the local area.

People told us on the day of the inspection that they were able to get appointments when they needed them. However two patient comments cards suggested it was sometimes difficult to get an appointment, and three patients told us they found it difficult to get an appointment with a female GP.

The practice had a system in place to assess:

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

The practice would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 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 including posters and leaflets in reception and information on the practice website.

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

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice introduced a telephone queuing system, as patient feedback highlighted difficulty in getting through to the practice by phone. The practice told us that they had received fewer complaints about telephone access as a result; however, more recent GP Patient Survey data was not available to verify the impact of this new system.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.
- An 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, however more needed to be done to improve uptake of the cervical screening programme.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions, however there were areas such as fire safety andprescription security that required improvement.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service, however the practice had not responded to patient feedback concerning opening times and access to appointments and we heard from patients that access to a female GP was difficult for female patients.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been a virtual group and the practice had recently started a face to face group. This group had around 5-6 members and had met several times, although informally. At the time of the inspection the PPG and the practice had met with the local clinical commissioning group to determine terms and conditions of the group. The PPG had submitted proposals for improvements to the practice management team; for example, the practice provided posters in the waiting room informing patients of the complaints procedure at the practice.

Are services well-led?

Good

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

- 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The registered person did not ensure the care and treatment of service users met their needs and reflected their preferences: • Data from the GP Patient survey and patient comments showed service users had difficulty accessing appointments and were not satisfied with practice opening times. • Patient comments showed female service users had difficulty accessing appointments with a female GP. This was in breach of Regulation 9(1) of the Health & Social Care Act 2008 (Regulated Activities): Person-centred care.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The procedures for managing uncollected prescriptions did not ensure safe care and treatment of service users. • The procedures for managing blank prescriptions did not keep them safe and secure. • The registered person did not ensure the premises were safe to use for their intended purpose by having an up to date fire risk assessment carried out. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.