

Sunray Surgery

Quality Report

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

Ratings

Overall rating for this 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 Sunray Surgery on 7 July 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 a system in place for reporting and recording significant events; however, this was in need of review to ensure it was robust.
- Overall, risks to patients and staff were assessed and well managed; however, at the time of the inspection risk assessments and risk mitigation plans were not always recorded.
- 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; however, there was no process in place to ensure that nursing staff received the update training they needed at the correct intervals.

- 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 on request and easy to understand. Complaints were responded to quickly; however, patients did not always receive a written response to their complaint and verbal complaints were not always recorded. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

Summary of findings

- The practice had a high proportion of patients who did not have English as their first language. The majority of these patients were Tamil speakers, some of whom were refugees or asylum seekers. The practice kept registers of these patients and had recorded 191 refugees/asylum seekers and 1106 patients with poor English language skills. In order to engage with these patients, signs in the practice were written in both English and Tamil, and the practice had produced several information leaflets in Tamil. Patients were also able to consult with GPs in Tamil (three of the five GPs at the practice spoke the language, as did a member of reception staff and the practice nurse). We were told by the practice that patients who were Tamil-speakers often remained registered with them when they moved away from the area, as these patients preferred to be able to consult with a doctor in their native language; the practice allowed these patients to remain registered and for this reason did not operate a strict patient area boundary; this was confirmed by some of the patients who provided feedback via the CQC comments cards.

The areas where the provider should make improvement are:

- They should review their process for recording and reporting significant events to ensure that all staff are aware of the threshold for recording a significant event and that all staff are involved in the process.

- They should ensure that action is taken to manage risks to patients and staff and that this is recorded. In particular, they should consider whether fire drills should be carried-out whilst patients are on the premises; they should also review their process for checking that prescriptions are collected by patients.
- They should ensure that information about bereavement support is available to all patients.
- They should review arrangements to identify carers so their needs can be identified and met.
- They should review the way that they handle complaints to ensure that patients receive a written response, which includes details of the Health Service Ombudsman. They should also ensure that verbal complaints are recorded.
- They should ensure that they have a consistent approach to recording care plans and that a copy of each care plan is saved to the relevant patient's records.
- They should ensure that records and plans are in place to enable the smooth running of the practice should a key member of staff be absent.
- They should review their nursing provision to ensure that staff have sufficient protected time to carry-out areas of their role such as infection control and administration, and that nurses are receiving update training at the correct intervals.

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 a system in place for reporting and recording significant events, however, this was in need of review to ensure that it was robust.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Overall, risks to patients had been identified, and these were assessed and well managed; however, records of risk assessments and mitigation plans were not always made. The practice completed a risk assessment following the inspection, which provided detailed analysis of the risk and mitigation plan for each of the risks identified.
- Nursing staff had key roles in the management of long term conditions and infection control; however, limited protected time was given to allow them to carry-out the administrative work which accompanied these roles.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Care plans were completed for patients who needed them; however, there was inconsistency amongst clinical staff about the format and storage of these plans.

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, they had noted that their patients had a lower than average attendance rate for bowel cancer screening, and had therefore begun to contact eligible patients directly to encourage them to attend.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice's website and in a leaflet which could be requested from reception. Evidence showed the practice responded quickly to issues raised; this was usually done by telephone, which allowed prompt resolution of the complaint; however, a formal written response was not always provided. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality; however, details of these arrangements were not always recorded, which could create difficulties should key members of staff be unexpectedly absent.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice made use of the local rapid response team to ensure that these patients receive a home visit promptly when needed.

Good



People with long term conditions

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

- One of the GP partners co-ordinated the care of patients with long-term conditions to ensure that they received regular care reviews. These patients were initially seen by the nurse and then by a GP to ensure they had a thorough review of their symptoms and medication.
- Patients at risk of hospital admission were identified as a priority. 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.
- Performance for diabetes related indicators were better than the CCG and national average. Overall the practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 89% nationally.
- Longer appointments and home visits were available when needed.

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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening had been carried-out for 86% of women registered at the practice aged 25-64, which was comparable to the CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, evening appointments were offered one day per week to accommodate people who found it difficult to attend during the day.
- 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, asylum seekers, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had a high proportion of patients who did not have English as a first language. The majority of these patients spoke Tamil. In order to engage with these patients, signs in the practice were written in both English and Tamil, and the practice had produced several information leaflets in Tamil. Patients were also able to consult with GPs in Tamil (three of the five GPs at the practice spoke the language, as did one member of reception staff and the practice nurse).
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



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)

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

- The practice had nine patients diagnosed with dementia and all of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 20 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 95% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty six survey forms were distributed and 121 were returned. This represented 3% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 77% 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 68% and national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.

- 83% 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 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients commented that doctors always gave them enough time during consultations and that they were treated with respect and dignity.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients commented that they had moved further away from the practice, but were happy to travel as they felt they received such high quality care.

Sunray Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Sunray Surgery

Sunray Surgery provides primary medical services in Tolworth to approximately 3850 patients and is one of 26 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 12%, and for older people the practice value is 12%, which is lower than the CCG average of 13%. The practice has a smaller proportion of patients aged 55 and older than the CCG average, and a larger proportion of patients aged 30 to 40 years. The ethnicity distribution for the area where the practice is located shows the largest group by ethnicity are white (66%), followed by asian (25%), mixed (3%), black (3%) and other non-white ethnic groups (2%); however, due to the enhanced service provided to the local Tamil community by the practice, the ethnic break-down for the practice's patient population shows that 35% patients are from the Tamil community.

The practice operates from a 2-storey converted residential premises. A small amount of car parking is available at the practice, and there is plenty of space to park in the surrounding streets. The reception desk, waiting area, and four consultation rooms are situated on the ground floor.

The practice manager's office, a consultation room which is seldom used, server room and staff kitchen are situated on the first floor. The practice has access to three doctors' consultation rooms and two nurse consultation rooms.

The practice team at the surgery is made up of one part time female GP, one full time male GP and one part time male GP who are partners, in addition, two part time female salaried GPs are employed by the practice. In total 14 GP sessions are available per week. The practice also employs two part time female nurses and one part time phlebotomist. The clinical team are supported by a practice manager, six reception/administrative staff, and a part time IT specialist.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8.20am to 11.30am every morning, and 2:30pm to 6pm every afternoon. Extended hours surgeries are offered between 6:30pm and 8pm on Mondays.

When the practice is closed patients are directed to contact the local out of hours service.

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

Detailed findings

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 7 July 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- There was a form available on the practice's computer system for recording incidents. Staff said that they would not complete this themselves, but they would speak to the Practice Manager or one of the GP partners regarding any incidents, who would then complete the form. 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), and the example we viewed was a comprehensive record of the incident and the learning that resulted.

However, we found that there was a lack of awareness and ownership for the reporting and handling of significant events amongst non-clinical staff, and this had resulted in some incidents not being reported or recorded. For example, during the inspection we observed a patient being handed a prescription for another patient; however, reception staff did not appear aware of the potential impact of this incident and therefore did not report it as a significant event. This was raised with the practice at the time of the inspection, who undertook to work with staff to improve their reporting of significant events.

- 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.

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, there had been two incidents recorded where childhood vaccinations had been administered at the incorrect time. As a result of these, the appointment booking system for these appointments was reviewed and amended, and steps were taken to minimise interruptions

to nursing staff during consultations. We saw that in both instances the parents of the child concerned were informed of the error, provided with information about the impact, and an apology was given.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, and posters with contact details were available in each of the clinical rooms and at reception. 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 and nurses were trained to child protection or child safeguarding level 3, and non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice; however, we were informed that the nurse responsible for infection control was not given any protected time to carry-out this role. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

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. We were told that a check of uncollected prescriptions would be carried out every three months, however, during the inspection we found one prescription which had been waiting for collection for five months. We raised this with the practice, who undertook to review their process for this.

- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice did not retain proof of identification in their personnel files, as they had been advised previously that this could cause a data security risk; however, there were systems in place for these to be viewed, and this was evidenced by the practice having copies of DBS certificates, as identification documents would have been required in order for the practice to process the application for these checks. The practice agreed that in future they would make a record of having viewed proof of identification.

Monitoring risks to patients

The most significant risks to patients were assessed and well managed; however, there were some areas of the practice that had not been risk assessed.

- 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

alarm tests. They carried-out fire drills annually; however, these were done when there were no patients on the premises. 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. They had arranged for annual Legionella testing for their water supply, but at the time of the inspection had not performed a risk assessment in relation to Legionella contamination (Legionella is a term for a particular bacterium which can contaminate water systems in buildings); a risk assessment was completed following the inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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. At the time of the inspection the practice did not have medicines available to treat anaphylaxis, epileptic seizure or severe pain; however, we saw evidence that the necessary medicines were purchased immediately following the inspection.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice carried-out audits to monitor that these guidelines were followed.

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 100% of the total number of points available. The practice's overall clinical exception rate was 6%, which was below the CCG average of 10% and national average of 9% (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 2014/15 showed:

- Performance for diabetes related indicators were better than the CCG and national averages. Overall the practice achieved 100% of the total QOF points available, compared with an average of 92% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 90%, which was above the CCG average of 80% and national average of 78%; the proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 83%, compared to a CCG average of 80% and national average of 78%; and the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 100% (CCG and national average 88%).

- Performance for mental health related indicators was comparable to CCG and national averages. The practice had nine patients diagnosed with dementia and all had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.
- The practice had 20 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 95% of these patients, compared to a CCG average of 92% and national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, eight of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had reviewed the uptake of bowel cancer screening by its patients and found the uptake was only 39%. As a result, the practice began contacting patients who had not attended for screening to advise them that they could still participate; they also advertised bowel cancer screening in the surgery. As a result, the uptake for screening increased to 44%. This audit was discussed with the Patient Participation Group (PPG) and it was decided that the practice would take similar action to try to increase the uptake of breast cancer screening amongst patients.

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. Nurses had received training on managing patients with diabetes, carrying-out NHS health checks, sexual health, and wound management.

Are services effective?

(for example, treatment is effective)

- 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; however, at the time of the inspection there was no process in place to ensure that nursing staff received the training that they needed at the correct time.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Actions agreed at these meetings were recorded directly onto the relevant patients' medical notes. Brief records were kept of these meetings but these did not identify the patients

discussed. During the inspection this was discussed with the practice, who undertook to start recording each patients' reference number so that patients could be identified if necessary.

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; however, none of the records we viewed contained a record of the outcome of the assessment.
- The process for seeking consent for joint injections 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.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available and that information on the benefits of cervical screening was available in both English and Tamil. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for these tests was below CCG and national averages, particularly for bowel cancer screening where uptake was 45% compared to a CCG average of 46% and national average of 58%; of those patients who attended for bowel cancer screening,

Are services effective?

(for example, treatment is effective)

39% attended within the target period, which was below the CCG average of 51% and national average of 55%. In response to this, the practice had begun to follow-up those patients who did not attend bowel cancer screening having received an invitation from the national screening service; they had also started to advertise the bowel screening service at the practice. This had resulted in an increased uptake of 5%.

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 83% to 98% (national averages ranged from 87% to 96%) and five year olds from 75% to 93% (national averages ranged from 84% to 96%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and 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 82% and national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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.

The care planning process was thorough and personalised care plans were produced for patients who needed them; however, there was a lack of consistency with regards to the format and process for providing care plans. Some staff used a template, which was hand-written and given to the patient without a copy being kept by the practice, and some staff completed the details of the care plan on the "consultation record" section of the patient's records and then provided the patient with a printed copy. This was discussed with the partners during the inspection and they undertook to develop a new care plan template and to standardise the process across all clinicians at the practice.

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:

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

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Translation services were also available for patients who did not have English as a first language and we saw notices in the reception areas informing patients this service was available.

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 31 patients as carers (less than 1% of the practice list). Patients were asked if they were carers when they registered at the practice and carers were also identified opportunistically. 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. 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. Information about bereavement support services was available for patients from reception, but would usually only be provided when directed by a GP.

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. They had joined with four other local small practices to form a group who met regularly to share ideas, information, learning and good practice.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a high proportion of patients who did not have English as their first language. The majority of these patients were Tamil speakers, some of whom were refugees or asylum seekers. The practice kept registers of these patients and had recorded 191 refugees/asylum seekers and 1106 patients with poor English language skills. In order to engage with these patients, signs in the practice were written in both English and Tamil, and the practice had produced several information leaflets in Tamil. Patients were also able to consult with GPs in Tamil (three of the five GPs at the practice spoke the language, as did one of the reception staff and the practice nurse). We were told by the practice that patients who were Tamil-speakers often remained registered with them when they moved away from the area, as these patients preferred to be able to consult with a doctor in their native language; the practice allowed these patients to remain registered and for this reason did not operate a strict patient area boundary.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 8.20am to 11.30am every morning, and 2:30pm to 6pm every afternoon. Extended hours appointments were offered between 6:30pm and 8pm on Monday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent, on the day appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

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

The practice had a system in place to assess:

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

Requests for home visits would be taken by reception staff and a GP would then contact the patient to determine whether a home visit was necessary. 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, the practice would arrange for the CCG's rapid response team to visit the patient. 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 a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, there was information on the practice's website and a complaints leaflet was available.

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

- The practice maintained a complaints log, which enabled them to identify trends. They did not record verbal complaints on this log; however, we saw evidence of verbal complaints and the learning from them being discussed in team meetings.

We looked at four formal complaints received in the last 12 months and found that in all cases the complaints had been promptly addressed over the telephone and that a brief record of the telephone conversation have been made; however, the practice had not followed the telephone conversation with a written response to the complainant, and we saw no evidence that complainants were signposted to the Health Service Ombudsman when

their complaint was addressed (details of the Ombudsman were available in the practice's complaints leaflet). Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, a patient had complained about the process for her referral to the local hospital's breast clinic. The GP responsible had not been aware that all breast referrals were to be completed via the "two week wait" pathway even when cancer was not suspected. As a result all clinicians were made aware of the correct process, and the practice put in place a process for ensuring that referrals information from the local CCG was disseminated to all clinicians.

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 statement of purpose and staff knew and understood the values and the ethos of the practice.
- The practice had a strategy for implementing their vision and values and for achieving good outcomes for patients, and each member of the management team had an area of responsibility; however, the strategy plan and the process for implementing it had not been formally recorded.

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.
- Clinical and internal audit was used to monitor quality and to make improvements.
- The partners had a comprehensive understanding of the performance of the practice, and action plans were in place to maintain and improve the practice's performance, for example, with regards to carrying-out reviews of patients with long term conditions; however, whilst the partners could give a clear description of these plans, there were limited written records kept.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions; however, at the time of the inspection this process was not always formalised.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support 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 an apology.

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

- Staff told us the practice held regular team meetings, and we saw evidence of this in the form of meeting minutes.
- 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. We noted that whole practice meetings were held quarterly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following low levels of attendance for bowel cancer screening, the practice had discussed the issue with the PPG in order to generate ideas for encouraging patients to attend.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception staff explained that they had developed a spreadsheet to record the booking of 24-hour blood pressure monitoring equipment, to ensure that there was always equipment available when patients attended appointments to have it fitted. Staff told us they felt involved and engaged to improve how the practice was run.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and committed to improving outcomes for patients in the area, and tailored their service to ensure that it was accessible to patients who spoke little English. They were aware of the limitations of being a small practice, and had joined with four other local small practices to form a group who met regularly to share ideas, information, learning and good practice.

Continuous improvement