St Paul's Cottage 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?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Paul's Cottage Surgery on 19 October 2016. Overall the practice is rated as good.

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

- Systems, processes and practices to keep patients safe were not always effective with regards to prescription security and checks for emergency equipment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice identified lower uptake for the cervical screening programme amongst particular patient groups, in particular Asian women. In response they

Summary of findings

engaged a local Asian women's support group and set up their own practice group for Asian women, led by a female GP who spoke Urdu and the practice nurse. Asian women on the practice list were contacted and invited to attend an event to learn about the services offered at the practice including how to make appointments, to discuss healthy lifestyles, diet and exercise as well as national screening programmes for breast, bowel and cervical cancers. The event also included information on stress, domestic violence and abuse. Information was provided in English and Urdu and the women had the opportunity to ask questions and seek advice in the group and privately. Six patients attended the group session and directly following the practice engagement event, two of the patients booked appointments for their cervical screening. We spoke to a representative of the practice's Asian women's group who told us how important the event was to the people who attended and the wider community in sharing information and removing barriers to care.

The areas where the provider must make improvement are:

- Review and improve systems and processes for checking emergency equipment and maintaining prescription security.

The areas where the provider should make improvement are:

- 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.

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.

- Systems, processes and practices to keep patients safe were not always effective with regards to prescription security and checks for emergency equipment.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 at or above average compared to the local and 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?

Good

The practice is rated as good for providing caring services.

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

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- 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?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

Good

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.
- All older people had a named GP responsible for their care.
- Older people who met the criteria had their health and social care needs managed under the clinical commissioning group (CCG) planning all care together (PACT) scheme.
- Older patients discharged from hospital were followed up by their GP within 24 hours of the practice receiving notification.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review of their health, medicine and social care needs, managed under the clinical commissioning group (CCG) planning all care together (PACT) scheme.
- 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

Good

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 comparable to other practice locally and nationally for all standard childhood immunisations offered.
- 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 82%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with other agencies including health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Online services and telephone consultations were also available.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and travellers.
- The practice offered longer appointments for patients with a learning disability, with patients at risk of developing disease or hospital admission managed under the clinical commissioning group (CCG) planning all care together (PACT) scheme.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice recognised lower uptake for the cervical screening programme amongst particular patient groups, in particular

Summary of findings

Asian women. The practice engaged a local Asian women's support group and set up their own practice group for Asian women, led by a female GP who spoke Urdu and the practice nurse. This group was set up to improve information for this patient group and remove barriers to accessing care.
- 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.
- The practice referred patients to a Citizens Advice Bureau (CAB) representative to assist with social welfare issues.

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators was comparable to the local clinical commissioning group (CCG) average and the national average.
- 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, with patients being guided through the care system, including following up on and rebooking missed appointments.
- 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 in July 2016. The results showed the practice was performing in line with national averages. Three hundred and sixty five survey forms were distributed and one hundred and twelve were returned. This represented 1% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Comments included that staff were friendly and helpful, caring and professional. With reception staff and clinicians mentioned individually for their respect and courtesy.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recently available NHS friends and family test data showed that 88% of patients would recommend the practice to a friend or family member.

St Paul's Cottage Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to St Paul's Cottage Surgery

Operated by Brocklebank Group Practice, St Paul's Cottage Surgery provides primary medical services in Wandsworth to approximately 7,200 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Wandsworth has more 20 to 40 year olds, but fewer older people than other south west London boroughs, reflected in the patient demographics for the practice with 6% of patients aged 65 or over, 76% of patients aged 18-65 years old and 18% aged 18 or younger.

The practice population is in the fourth less deprived decile, with income deprivation affecting children and adults comparable to local and national averages.

The practice operates from converted residential premises adapted to allow disabled access to ground floor facilities where all patient consultations take place. The ground floor consists of reception area and waiting room, accessible facilities for patients with baby changing and breast feeding areas available, and five clinical rooms used for consultations and treatment. There are practice management facilities and staff facilities on the first floor.

The practice team at the surgery is made up of one part time lead GP who is a partner at Brocklebank Group Practice, and six part time salaried GPs. One of the GPs is male and six GPs are female. Together the GPs provide 29 clinical sessions per week. The practice has a vacancy for a full time practice nurse position, employing the services of a local nursing agency to provide full time equivalent nursing services. The practice employs one full time female health care assistant. The non-clinical team consists of one business manager, one practice manager and four administrative and clerical staff.

The practice opens between 8.30am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.30am and 6.30pm Monday to Friday. Appointments are available during two sessions daily. Extended hours are available on Monday, Tuesday and Thursday evenings from 6.30pm until 8.00pm. The practice also opens on Saturday mornings between 8.30am and 11.30pm for pre booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.30am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

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

The practice has not previously been inspected by CQC.

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 19 October 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, business manager and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members and carers.
- 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. We also saw evidence that significant event analysis was conducted across the provider organisation, Brocklebank group practice and St Paul's cottage surgery, with learning and improvements being made across both sites. For example, both practices reviewed their scanning processes after two incidents occurred. The first involved a letter from an outpatients department containing a list of patients which was scanned into individual patient notes without having other patients details redacted. The second involved a letter printed double sided which when scanned into a patients notes, contained a page from another patients letter. The practice reviewed scanning procedures and shared the information with staff to ensure the same incidents did not happen again. A review three months after the incident showed that the practice had not recorded similar incidents occurring.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse; however systems, processes and practices to keep patients safe were not always effective. Safety systems included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff and deputy 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 to level 2 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice, however since the nurse at St Paul's Cottage Surgery had left, the role had been taken on by the practice manager and health care assistant with supervision and support from the lead nurse at Brocklebank Group Practice. The practice were in the process of recruiting a new nurse.
- 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. For example, we saw that training

in the safe and proper management of clinical waste had been provided to all staff and the staff induction policy and checklist had been updated to include this training.

- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However blank prescription forms and pads were not securely stored overnight as they were left in printers and systems in place to monitor their use were not always effective.
- Patient Group Directions (PGDs) 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).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills through the building management company. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- The practice had a duty GP system and all staff new who the duty GP was and their responsibilities.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents, however some improvement was required.

- There was an instant messaging and alert system on all the practice computers, including those in consultation and treatment rooms and reception, which alerted staff to any emergency. This alert system was tested weekly.
- 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, however some of the emergency equipment we checked, including; defibrillator pads, some airway devices and oxygen masks were out of date. The practice explained that since the practice nurse had left, the responsibility for checking emergency equipment had not been passed on to another member of staff. On the day of the inspection the practice replaced the out of date equipment and passed responsibility to the practice manager to check emergency equipment until a nurse had been recruited and appointed.
- 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.
- A first aid kit and accident book were available.

Requires improvement

Are services safe?

- 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. A duty of reception staff for the end of the day was to print off the next day's appointment list and other important information in preparation for any unforeseen computer outage.

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 100% of the total number of points available, compared to the local clinical commissioning group (CCG) average of 94% and the national average of 95%. There was an overall exception reporting rate of 8%, compared to the CCG average of 7% and the national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

Performance for diabetes related indicators was above the local clinical commissioning group (CCG) average and the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c (a specific blood sugar level test) is 64 mmol/mol or less in the preceding 12 months was 84% compared to the CCG average of 74% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 83% (CCG 73%, 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 87% (CCG 75%, national 80%).

Performance for mental health related indicators was comparable to the local clinical commissioning group (CCG) average and the national average. 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 93% 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 93% (CCG 89%, 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 87% (CCG 90%, national 84%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, peer review and research.
- There had been eight clinical audits carried out in the 2015/2016 financial year, four of these were completed audits where the improvements made were implemented and monitored. For example:
- The practice carried out audits to find out if tests for hyperthyroidism were being carried out in line with guidelines. In the first audit cycle, the practice found that testing and retesting measures and intervals were not in line with guidelines in any of the nine cases identified. The results were discussed and shared with clinicians and an action plan was put in place to improve this figure, including sharing of local and national guidelines. In the second audit cycle, the practice saw an improvement in guideline adherence to

Good

Are services effective?

(for example, treatment is effective)

50% of cases. The practice discussed the results further, ensured the guidelines were available to all staff and some GPs attended an educational event on this subject, feeding back to other clinical staff with the aim of further improving their performance.

- The practice also carried out an audit of antibiotic prescribing to ensure that antibiotics were being prescribed in line with local and national guidelines. In the first audit cycle, the practice found that guidelines were being met in 65% of prescriptions for specific antibiotics and for broad spectrum antibiotics, the guidelines were being met in 30% of cases. The practice discussed the results amongst clinicians and shared the best practice guidelines, highlighting the benefits to patients of improved performance as well as the safety and cost improvements to be made. The second audit cycle showed that 90% of specific antibioticsand 53% of broad spectrum antibiotics were now being prescribed in line with guidelines. The practice also saw a reduction in broad spectrum antibiotic use by 15% overall.

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 had been undertaken in spirometry, a technique used to diagnose and monitor a range of respiratory illnesses including 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.
- 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, in-house training and external training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Good

Are services effective?

(for example, treatment is effective)

- 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.
- Diet, lifestyle and smoking cessation advice was available on the premises, with additional support services available in the community.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages, including setting up an Asian womens group, providing information for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to national averages. For example, childhood immunisation rates for two year olds was 83% compared to the national average of 90%. For patients aged five years old, uptake for the measles, mumps and rubella (MMR) vaccine dose 1 was 85% (CCG average 88%, national average 94%) and for dose 2 was 82% (CCG average 82%, national average 88%).

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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with performance in this area in line with local and national averages. 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 very helpful to patients and treated them with dignity and respect.

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

All of the 41 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 four 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 comparable to other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% 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 national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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.
- The practice website was able to be translated into a full range of languages using an internet based service.

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 25 patients as carers (0.3% of the practice list). The practice were aware of their low numbers of carers on their registered and had put in place a system for identifying new patients who were also carers, but recognised the need to develop a better system for identifying existing carers. The practice offered carers additional support within the CCG lead planning all care together (PACT) scheme. This included an annual health assessment, influenza vaccine and signposting to the various avenues of support available to them. The practice also provided written information for carers.

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.

Good

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 phlebotomy services, electrocardiogram (ECG) testing to check electrical activity in the heart, and 24hour blood pressure monitoring.

- The practice offered extended hours appointments on Monday, Tuesday and Thursday evenings and Saturday mornings, predominantly aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and other vulnerable or at risk patients identified through the CCG planning all care together (PACT) scheme. This scheme offered an annual health and social wellbeing review for up to 40 minutes with a GP and was linked to other health and social care providers to produce a holistic care plan.
- 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.
- The practice offered telephone consultations for patients with clinical issues able to be dealt with via telephone. Requests for telephone consultations were triaged by the duty GP, with patients receiving a call back from their regular GP, or for more urgent telephone requests the Duty GP, often within the hour but always within the same session (morning or afternoon).
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.

The practice also recognised lower uptake for the cervical screening programme amongst particular patient groups, in particular Asian women. The practice engaged a local Asian women's support group and set up their own practice group for Asian women, led by a female GP who spoke Urdu and the practice nurse. Asian women on the practice list were contacted and invited to attend an event to learn about the services offered at the practice including how to make appointments, to discuss healthy lifestyles, diet and exercise as well as national screening programmes for breast, bowel and cervical cancers. The event also included information on stress, domestic violence and abuse. Information was provided in English and Urdu and the women had the opportunity to ask questions and seek advice in the group and privately. Six patients attended the group session and directly following the practice engagement event, two of the patients booked appointments for their cervical screening. We spoke to a representative of the practice's Asian women's group who told us how important the event was to the people who attended and the wider community in sharing information and removing barriers to care.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Telephone lines were operational between the hours of 8.00am and 6.30pm Monday to Friday. Appointments were available during two sessions daily. Extended hours were available on Monday, Tuesday and Thursday evenings from 6.30pm until 8.00pm. The practice was also open on Saturday mornings between 8.30am and 11.30pm for pre booked appointments. 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 above the national average.

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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 used a locality wide Rapid Response Visiting (RRV) service. Details of patients requiring home visits were

Good

Are services responsive to people's needs?

(for example, to feedback?)

passed to the service for triage by a GP who 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. Where a home visit was necessary, this was organised and conducted within two hours. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice offered telephone consultations which were bookable in advance but were predominantly used on the day. Patients requesting a telephone consultation with a GP or nurse had a ring back from either their own GP, a nurse or the duty GP, usually within an hour but always within the same appointment session, either morning or afternoon. There were no limits to the number of telephone consultations as the practice had an 'overflow' system for the duty GP where other staff would assist managing the workload. The practice found that this system helped improve continuity of care for patients, freed up appointments or saved appointments from routine or administrative issues and helped to lower hospital accident and emergency department (A&E) attendance where patients who couldn't get an appointment to see a GP may have gone to A&E for assistance. We saw evidence that the practice had below CCG average rates for patients accessing A&E services, urgent care centre (UCC) services and other non-elective hospital activity.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters, leaflets 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, a patient complained after there was a delay of five days in receiving abnormal test results. The practice investigated and found that the appropriate procedure had been used, however the system in place did not give consideration to ensuring abnormal test results were dealt with in a timely way. The practice reviewed the process and made changes so that the GP contacted the patient directly to discuss abnormal results, minimising the risk of delay. The patient received a full apology and explanation of what had happened and the measures taken to ensure similar incidents did not happen in the future.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

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, and those of their colleagues.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and used to drive improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However systems, processes and practices to keep patients safe were not always effective with regards to prescription security and checks for emergency equipment.
- Risk management included both internal and external risk factors.

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 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. We saw evidence of weekly, clinical and non-clinical practice meetings including agendas, minutes and action plans which were available to all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, or at any other time if necessary, and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager. All staff were involved in discussions about how to run and develop the practice, and the lead GP, business manager and practice manager 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

Are services well-led?

Good

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

through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice had installed a machine in the reception area so that patients can check their own blood pressure, height and weight before attending appointments, saving time during appointments and providing an additional service for patients to monitor their own health. The practice also changed their telephone queuing system to a more automated system. Patients told us this made the process of contacting the practice clearer and easier.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Clinical staff at the practice had mentorship from clinical leads from the provider organisation, Brocklebank Group Practice. This included supervision and mentorship for the agency nurses employed at the practice and the full time healthcare assistant, as well as support and mentorship for non-clinical staff through the business manager.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, including local pathology improvement programmes and action to reduce hospital accident and emergency department attendances, both of which had positive outcomes for improving services and reducing costs.

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 Family planning services Maternity and midwifery services Surgical procedures 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 blank prescriptions did not keep them safe and secure. • The procedures for managing emergency equipment did not ensure that the equipment was safe to use. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.