

Palacci & Partners

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 Palacci & Partners on 6 January 2017. 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.

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- The majority of 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 the facilities and equipment 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Review the process for producing patient specific directions (PSDs) for the annual flu vaccination programme to ensure the administration of medicines remains safe up to the point of them being administered.
- In carrying out daily temperature checks of vaccine storage fridges, record the name of the member of

Summary of findings

staff who completes the checks. Arrange for the protocol containing instructions on action to take if fridge temperatures exceeded the required range to be kept by the fridges.

- Review the coding of dementia patients to determine clearly the basis for any clinical exceptions.
- Consider the introduction of a formal ongoing programme of quality improvement, including clinical audit.

- Arrange support training on communicating with patients about notifiable safety incidents to ensure staff take appropriate action.
- Re-establish the patient participation group (PPG) on a more active footing and encourage wider patient membership.

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



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety. However there were potential difficulties with the bulk uploading of patient specific prescriptions or directions (PSDs) to patient records for the annual flu vaccination programme which the practice needed to address to ensure that the supply and administration of the medicine remained safe to the point of administration.
- Checks of vaccine fridges were completed daily but the records did not show who had completed the checks.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average for the majority of indicators. The practice had nevertheless undertaken to review relatively high exception rates for dementia.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

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.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, there was unlimited telephone access for patients who were at work. They could discuss issues when face to face consultations were unnecessary.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP with urgent appointments available the same day. Two patients said in comments cards that it was difficult to see the same doctor at each appointment to secure continuity of care.
- The practice had adequate facilities and equipment to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. Although the practice undertook clinical audits which demonstrated improved patient outcomes, there was no formal ongoing programme of quality improvement.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In three examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents but staff would benefit from support training on communicating with patients about notifiable safety incidents to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. There was a patient participation group (PPG) but the practice recognised that the group needed to become more active and attract more patient membership following a period of inactivity.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was open telephone access for older patients, their carers and family. There were close links with local pharmacies who readily created monitored dosing boxes and delivered medication as and when needed.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs. The practice carried out daily monitoring of all hospital discharges and patient use of out of hours services.
- Patients with multiple long term conditions were included in the practice's 'Avoiding Unplanned Admissions' register and had personalised care plans in place. These were reviewed at monthly multidisciplinary meetings, when patients attended for an appointment, when requesting a home visit or opportunistically when prescription requests came in.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice made full use of local services to signpost patients that might be in need of assistance in the community, for example those supporting people to live independently and voluntary carers groups.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- Performance for diabetes related indicators was above the national average, 96% compared to 90%.
- All QOF registers for long term conditions had a named clinical lead and there was a rolling programme of scrutiny of QOF data to ensure performance was maintained and improved.
- Each patient in this population group was made aware of how they can contact their doctors for on the day advice about managing their condition.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- There was a system to recall patients for a regular review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. At risk families were discussed at formal monthly safeguarding meetings and informally regularly amongst clinical staff
- Immunisation rates were comparable to local and national averages for most standard childhood immunisations. The practice actively monitored immunisation uptake and recalled patients as necessary.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. There was shared care of expectant mothers with the midwives from the local hospital trust allowing the practice to educate them during pregnancy and manage their care.
- The practice carried out 6-8 week mother and baby checks, using both the doctors and practice nurse as a 'one stop shop'.

Good



Summary of findings

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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and mostly offered continuity of care, for example, extended opening hours on Thursday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice takes part in the catch up programme for students aged 17 and above for Measles Mumps and Rubella (MMR) and Meningitis A, C, W and Y vaccinations.
- There is unlimited telephone access for who are at work. They could discuss issues when face to face consultations are unnecessary.

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 registers of patients living in vulnerable circumstances including a housebound and loneliness register, patients diagnosed with cancer and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations, for example the local community independent living services.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Summary of findings

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 carried out advance care planning for patients living with dementia.
- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- Overall performance for QOF mental health related indicators was broadly in line with the national average: 88% compared to 93%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. All patients in this group were read coded as such and offered a full health check.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice operated a telephone triage system to ensure patients in this group can be seen on the same day if necessary thus avoiding accident and emergency (A&E) attendances. Where necessary, however, the practice followed up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages in a number of areas. Three hundred and six survey forms were distributed and 113 were returned. This represented 3% of the practice's patient list.

- 94% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 92% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 90% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two patients commented that it was difficult to see the same doctor at each appointment to secure continuity of care.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the latest NHS friends and family test showed of 19 respondents 100% of patients would recommend the practice.

Palacci & Partners

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.

Background to Palacci & Partners

Palacci & Partners (also known as Barnes Surgery) is a single location practice which provides NHS primary care services to approximately 3,800 patients living in the Barnes area of West London through a General Medical Services (GMS) contract. The practice is part of Richmond Clinical Commissioning Group (CCG). There are above average numbers of patients in the age ranges 30-49.

The practice staff comprises one male and two female GPs (providing 15.5 clinical sessions per week). The clinical team is supported by a practice manager, senior receptionist and receptionist and a senior administrator.

The practice is open between 8am and 6.30pm Monday, Tuesday and Friday; 8am to 1.30pm Wednesday; and 8am to 8pm Thursday. Appointments are from 8.30am to 11am and 3.30pm to 6pm Monday, Tuesday and Friday; 8.30am to 11am Wednesday; and 8.30am to 11am and 3.30pm to 7.30pm Thursday. The practice offers extended hours on Thursday evening until 8pm. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for patients that need them.

The practice has out of hours (OOH) arrangements in place with an external provider and patients are advised that

they can also call the 111 service for healthcare advice. Patients are also provided with details of a local minor injuries unit and a walk-in centre they can access seven days a week.

The practice is registered to carry on the following regulated activities:

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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 6 January 2017. During our visit we:

- Spoke with a range of staff (three GPs, the practice manager and the receptionist) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 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 duty of candour principles. (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).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, 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 significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where important clinical information was overlooked for follow up from a hospital discharge summary, the issue was discussed within the practice and GPs gave a commitment to review summaries carefully to ensure all necessary follow up action was taken.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding

children and vulnerable adults relevant to their role. GPs, the practice nurse and practice manager were trained to child protection or child safeguarding level three. Administrative staff were trained to level one.

- 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. There were cleaning schedules and monitoring systems in place. The principal GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We were shown the latest audit completed in October 2016 for which action was in hand.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific

Are services safe?

prescriptions or directions (PSDs) from a prescriber were produced for this purpose. (A PSD is a written instruction, signed by a GP, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). PSDs were produced in bulk for eligible patients prior to the start of the annual flu vaccination programme to cover their administration between September and December. However there were potential difficulties with such an approach and possible contra-indications could arise in the three months between the direction being added to the patient record and the giving of the vaccine. The practice needed to take steps, therefore, to ensure that the supply and administration of the medicine remained safe to the point of administration.

- Checks of vaccine fridges were completed daily and showed the correct temperatures were maintained and we saw that all vaccines stored were within date. However, the records of the checks did not show who had completed the checks. There was a protocol containing instructions on action to take if fridge temperatures exceeded the required range but this was kept in reception rather than by the fridges.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%.

The exception rate for one clinical indicator, dementia, was significantly higher than the CCG and national averages: 16% compared to 9% and 8% respectively (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). Eighteen of 21 patients had attended for an annual review. The practice undertook to review the coding of these patients and determine clearly the basis for any exceptions.

Data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and national averages: 96% compared to 92% and 90% respectively.
- Performance for mental health related indicators was below the CCG and national averages: 88% compared to 94% and 93% respectively.

The practice had taken steps to improve performance of mental health indicators including meeting with the local dementia lead GP, in order to improve understanding and support of patients needing help.

The following was identified by CQC prior to the inspection as a 'very large variation for further enquiry':

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) - Practice 88%; CCG 93%; National 94%.

We discussed this with the practice who were aware of the issue and were addressing it. This was a coding issue and clarification had been given to clinical staff about the correct codes to use.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, one of which was a completed audit where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following a completed audit of pre-pregnancy diabetic care 60% (16) of 26 patients audited had received no updated contraception or pre-conceptual advice. Following a repeat audit the figure had decreased to 35% (nine) who had not received such advice. Of the nine, three could be excluded for valid reasons and the remaining six had received a consultation since the start of the re-audit and a note had been put on their record to discuss contraception/pre-conception at their next consultation.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.

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.
- 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 and nurses. All staff due one 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.
- We found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems.
- Clinical staff provided dietary and lifestyle advice and also referred patients to local support services. One of the GPs was also in the process of setting up a cycling club for patients at the practice. Smoking cessation advice was available in individual consultations, from a local pharmacy and by the provision of 'quit' kits from a local support group. Four hundred and nineteen patients on the register (11%) had been offered smoking cessation support.

The practice's uptake for the cervical screening programme was 81%, which was comparable with the CCG average of 84% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

Are services effective?

(for example, treatment is effective)

for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 42% to 95% and five year olds from 56% to 94%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems 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.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 43 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 two patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 96% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 89% and the national average of 95%.
- 91% 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%.

- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said they found the receptionists at the practice helpful compared with 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 and some above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 87% 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%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 87% 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:

Are services caring?

- Staff told us that interpretation services were available for patients who did not have English as a first language, although they were rarely needed. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (2.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them, including a regular newsletter. Older carers were offered timely and appropriate support, including open telephone access to their GPs and the practice made full use of local services to signpost patients that might be in need of assistance in the community, for example those supporting people to live independently and voluntary carers groups.

Staff told us that if families had experienced bereavement, their usual GP contacted them to offer condolences and support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice operated extended hours and offered appointments later into the evening, outside core opening hours for working patients who could not attend during normal opening hours. They were also a member of Richmond General Practice Alliance who had set up, as part of the Prime Minister's Challenge Fund Bid, a scheme to offer both GP and nursing appointments in the locality 8am – 8pm seven days a week.
- 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.
- The practice had access to a pharmacy delivery service and liaised closely with local pharmacies to alert them to housebound patients.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments. This was introduced following an audit of did not attend (DNA) rates and included a facility to cancel appointments to free them up for other patients.
- There was unlimited telephone access for patients who were at work. They could discuss issues when face to face consultations were unnecessary. Patients could also call the practice when they were abroad if they did not wish to engage with the local medical services.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard

to use or access services. For example, the practice had identified a need for counselling services locally given the high prevalence of stress/depression and this service was now offered 'in house'.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday and Friday; 8am to 1.30pm Wednesday; and 8am to 8pm Thursday. Appointments were from 8.30am to 11am and 3.30pm to 6pm Monday, Tuesday and Friday; 8.30am to 11am Wednesday; and 8.30am to 11am and 3.30pm to 7.30pm Thursday. The practice offered extended hours on Thursday evening until 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients 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 local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 80%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 80%.
- 79% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 77% and the national average of 80%.
- 99% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 86% and the national average of 85%.
- 85% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Two patients said in comments cards that it was difficult to see the same doctor at each appointment.

The practice had a system to assess:

- whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

Patients were asked to call before 11am if they wished to request a home visit to enable the doctors to plan their rounds. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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. There was a notice in the waiting area and details were provided in the practice leaflet.

We looked at the one complaint received in the last 12 months and found it was satisfactorily handled, dealt with in a timely way, and showed openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

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 incorporated within a practice charter which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear 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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and the nurse had lead roles in key areas. For example, in safeguarding, complaints, infection control and the management of long term conditions. Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- The practice undertook clinical and internal audit which was used to monitor quality and to make improvements. However, there was no formal ongoing programme of quality improvement.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the managers 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 managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). However, staff would benefit from support training on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of three documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, on the suggestion of a member of the administrative team the vaccination booklet was changed to a colourful and child friendly format.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

Are services well-led?

Good 

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had previously met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, to upgrade the phone system and resurfacing of the practice car park, both of which were implemented within the last year. However the PPG had not formally met since March 2015 and despite encouragement had been unable to attract new membership. We discussed this with the practice who undertook to consider setting up a 'virtual group' to re-establish the group and put it on a more active footing.
- the NHS Friends and Family test (through the iWantGreatCare.org), complaints and compliments received including feedback from the NHS Choices website where the practice had received a five star rating based on the positive comments posted.
- staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. For example, one of the administrative team suggested placing hand gel in the waiting room for the benefit of patients and staff. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had adopted a secure web based system that links a GP directly to a hospital specialist for rapid access to expert advice on referral questions. The system supported clinicians in identifying the most appropriate referral pathway for patients and practice staff had been trained in its use.