

The Merton Medical Practice

Quality Report

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Date of inspection visit: 23 February 2016

Date of publication: 12/05/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Merton Medical Practice on 23 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed with the exception of some health and safety risks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw an area of outstanding practice:

- Performance for mental health related indicators was above the Clinical Commissioning Group (CCG) and national averages; 98% of patients had received an annual review compared with CCG average of 92% and national average of 88%. The number of patients with dementia who had received annual reviews was 100% which was above the CCG average of 84% and national average of 84%. The practice ensured that they worked

Summary of findings

with patients to improve their dementia diagnosis rate. Data from October 2014 showed that the practice's dementia diagnosis rate was over 70% which was the second highest achievement in the CCG.

The areas where the provider should make improvement are:

- Ensure there is a robust system in place to store, track and monitor the use of prescription pads throughout the practice.
- Ensure that action plans from infection control audits include all identified risks.
- Ensure that the practice has effective health and safety systems in place for equipment testing, health and safety risk assessments, the control of substances hazardous to health (COSHH) and Legionella risk.

- Consider installing a hearing loop.
- Review and improve telephone access for patients.
- Ensure that complaints are acknowledged in a timely way, in line with the practice's complaint handling policy.
- Consider the use of patient surveys as a method for gathering targeted patient feedback to assist in improving the quality of the service.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed, with the exception of some health and safety risks.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed that the majority of patient outcomes were above average for the locality and compared to the national average.
- The practice had a clear awareness of their clinical performance and monitored patients effectively.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed mixed responses; however the majority of patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients told us they were happy with the high standard of care received. They felt they treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice provided a phlebotomy service every week day morning for practice patients.
- The practice had offered a range of appointment options to improve access to appointments for their patients.
- 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, however some patients reported difficulty in getting through on the telephone.
- 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 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.

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

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Data showed that outcomes for patients for conditions commonly found in older people were above local and national averages.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a weekly session in a local sheltered accommodation, working closely with the warden to ensure patients' needs were met.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 78% which was above the national average.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was above Clinical Commissioning Group (CCG) and national averages. For example, 85% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 73% and the national average of 78%.
- Flu vaccination rates for 2014/15 for patients with diabetes was 97%. This was above the CCG and national averages.
- Longer appointments and home visits were available when needed.
- The practice provided a phlebotomy service every weekday morning with a health care assistant.
- The practice provided a fortnightly clinic for patients with diabetes and chronic obstructive pulmonary disease (COPD).
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- The practice was signed up to the national avoiding unplanned admissions enhanced service, to identify those vulnerable patients most at risk of admission to hospital and they were also signed up to a local service to identify those at risk with two or more long-term conditions. The practice used these registers of patients to ensure that patients were able to access care and treatment in a timely way.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 88% which was higher than national average of 75%.
- Childhood immunisation rates for the vaccinations given were above or line with Clinical Commissioning Group (CCG) averages for 2014/15.
- The practice provided postnatal care and chlamydia screening and a range of contraceptive services were provided by GPs and the practice nurse.
- The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Good



Summary of findings

- Extended hours surgeries were offered four evenings per week.
- Patients were able to receive travel vaccinations available on the NHS and they were a registered yellow fever centre.
- Smoking cessation was provided in-house by a health care assistant.
- The practice provided a phlebotomy service every weekday morning with a health care assistant.
- The practice provided NHS health checks for people aged 40–74. In 2014/15, the practice had achieved more than their Clinical Commissioning Group (CCG) target of 141, by undertaking 188 NHS health checks with a health care assistant.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers and those with a learning disability as well as a register of those most at risk of admission to hospital.
- The practice were not signed up to the incentivised enhanced service to offer physical health checks to those patients with learning disabilities, however they had still ensured that these patients were monitored effectively and had completed 15 reviews out of 16 patients on the register which was 94%.
- The practice offered longer appointments for patients with a learning disability.
- Flu vaccination rates for 2014/15 for at risk groups was 58%. This was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

Good



Summary of findings

- Performance for mental health related indicators was above the Clinical Commissioning Group (CCG) and national averages; 98% of patients had received an annual review compared with CCG average of 92% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 100% which was above the CCG average of 84% and national average of 84%. The practice ensured that they worked with patients to improve their dementia diagnosis rate. Data from October 2014 showed that the practice's dementia diagnosis rate was over 70% which was the second highest achievement in the CCG.
- The practice provided special arrangements for a local home for patients with severe mental illness; providing an annual visit by a GP to ensure patients received an annual physical health check or inviting patients and the carers to the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The GPs met with a consultant psychiatrist every two months to discuss practice patients receiving community mental health services.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with, above and below local and national averages. There were 392 survey forms distributed 110 forms were returned. This was a response rate of 28% and this represented 1.5% of the practice's patient list.

- 71% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 79% and a national average of 85%.
- 73% would recommend this surgery to someone new to the area compared with a CCG average of 72% and national average of 78%.
- 73% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 84% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 60% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 49% and a national average of 59%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 88% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.
- 72% describe their experience of making an appointment as good compared with a CCG average of 65% and a national average of 73%.
- 71% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 56% and a national average of 65%.
- 60% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were positive about the standard of care received. Patients felt that staff were professional, caring, polite and helpful and that they received a high standard of care.

We spoke with seven patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. NHS Friends and Family Test results for April 2015 to January 2016 showed that on average 92% of patients would recommend the practice.

The Merton Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to The Merton Medical Practice

The Merton Medical Practice provides primary medical services in Merton to approximately 7300 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG). The practice population is in the fourth least deprived decile in England.

The practice population has a higher than CCG average representation of income deprived children and older people. The practice population of children is slightly above local and national averages, the practice population of those of working age is above local and national averages at 77% and the number of older people registered at the practice considerably lower than local and national averages; 5.5% of patients are over the age of 65. Of patients registered with the practice, 15% are White or White British, 44% are Asian or Asian British, 14% are from multiple or mixed ethnic groups and 20% are Black or Black British.

The practice operates from purpose-built premises. Consulting rooms are on the ground floor. All patient facilities are wheelchair accessible. This practice has access to five doctors' consultation rooms and two nurses' treatment rooms. The practice team at the surgery is led by two partners; one female part time partner and one male part time partner. The GP team is also made up of three

female part time salaried GPs. The total number of GP sessions per week is 28. The nursing team consists of a part time female practice nurse and two part time female health care assistants. The non-clinical team includes a practice manager, two administrative staff and four reception staff members.

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

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available between 8am and 6.30pm. Extended hours surgeries are offered from 6.30pm to 8pm every Monday and Tuesday evening and 6.30pm to 7pm every Wednesday and Thursday evening. The practice is closed at weekends. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Merton CCG.

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

Why we carried out this inspection

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

Detailed findings

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 23 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, reception and administrative staff and the practice manager and we spoke with seven patients who used the service and one member of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed 37 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- There was a significant incident policy. 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 for staff to complete.
- The significant incident form was comprehensive and contained learning points, actions required, how it was shared with staff and a review of actions completed.
- The practice carried out a thorough analysis of significant events. Significant events were discussed during monthly practice meetings with all staff, and during regular management meetings.

The practice had a robust system in place for dealing with and cascading safety alerts, and we saw evidence that alerts were actioned and clinical audits were triggered where indicated following alerts. We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, some emergency medicines had been taken by a patient from the emergency medicines box in one of the consultation rooms when they were left unattended. The practice changed the position and labelling of the emergency box and put systems in place to ensure that patients were not left unattended where possible. Another significant event occurred where a patient had booked an online appointment for a contraceptive procedure. These appointments were not able to be booked online. The practice ensured staff were aware of the correct procedure and also changed the practice website information so patients were aware that these appointments could not be booked online.

Although the significant event system was effective, we were told about one recent patient incident in the practice which had not been recorded as a significant event, but there was evidence that actions had been taken as a result to prevent re-occurrence.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and safeguarding children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding children level 3 and practice nurses to at least level 2. A range of both clinical and non-clinical staff had also received safeguarding adults training.
- A notice in the waiting room and in all consultations rooms 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. On the inspection day it was noted that the pull-cords for all patient and staff toilets did not appear to be clean. However, the practice responded to this immediately and changed all the pull-cords during the inspection. 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 and they had received infection control lead training. There was an infection control policy with a range of supporting procedures in place. Most staff had received up to date training for infection control online, however

Are services safe?

some GPs were still to undertake training, so the practice nurse had discussed key infection control issues during a practice meeting in July 2015 and we saw minutes to confirm this. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, such as ensuring handwashing posters were available by all sinks. However, the action plan did not always include all concerns and actions that had been identified from the audit. The practice nurse also produced an annual infection control statement to list an overview of infection control activities in the previous year.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence that the practice was in line with local guidance and was one of the highest performers in the CCG area for antibiotic prescribing. New prescription pads were securely stored, however there were no systems in place to monitor and track the use of these in the practice and they were not always stored securely when the practice was closed. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four 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. Appropriate checks were also completed for locum staff that were employed to work in the practice.

Monitoring risks to patients

Most 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

health and safety information displayed in the practice. The practice undertook annual health and safety risk assessments; however these did not contain enough detail to demonstrate all risks that had been assessed. Actions had been taken following the latest assessment to improve safety.

- The practice had up to date fire risk assessments and carried out regular fire drills and fire equipment testing.
- All clinical equipment was checked to ensure it was working properly; however there was no record that electrical equipment was checked to ensure it was safe to use. The practice acted on this on the inspection day and booked an electrical equipment check to take place after the inspection and we were shown evidence to confirm that this.
- The practice had a variety of other systems in place to monitor safety of the premises such as control of substances hazardous to health, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, these systems were not fully robust. For example, although regular water temperature checks were completed and there was a policy in place, there was no record that Legionella risk had initially been assessed. The practice did not have full assurance of the risks relating to COSHH products, although these were stored securely.
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical and non-clinical staff received annual basic life support training.
- The practice had a defibrillator available on the premises with adult and children's defibrillator pads and oxygen via an oxygen concentrator, with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- There were emergency medicines available in one of the nurse's treatment rooms. They were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice had very robust records to demonstrate that emergency medicines and equipment were thoroughly monitored.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates and care plans where relevant. The practice used self-care plans and copies were given to patients. Self-care plans were offered to patients with long term-conditions, particularly those with Chronic Obstructive Pulmonary Disease (COPD). Patients were provided with 'rescue antibiotics' as part of their care plan so that they received treatment in a timely way.

Care plans were also used for other vulnerable patients including those with learning disabilities, those with two or more long-term conditions, those at risk of admission to hospital, patients with dementia and mental health problems and those at the end of life. There was evidence from all care plans we viewed that they were individualised and patient-centred.

The GPs and practice nurse had identified roles for leading in long-term conditions such as diabetes, dementia and COPD. The practice provided a fortnightly clinic for patients with COPD and diabetes in order to effectively assess patients' holistic lifestyle and healthcare needs.

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 for 2014/15 were 100% of the total

number of points available, with 7.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) The practice also achieved 99.7% in 2013/14. This practice was not an outlier for any QOF (or other national) clinical targets and had worked hard to establish effective recall systems due to their high turnover of patients, which was approximately 20% of the patient list size per annum.

Data from 2014/15 showed:

- Performance for diabetes related indicators was above Clinical Commissioning Group (CCG) and national averages. For example, 85% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 73% and the national average of 78%. The number of patients who had received an annual review for diabetes was 93% which was above the CCG average of 89% and national average of 88%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 99% which was above CCG average of 93% and national average of 90%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above CCG average of 91% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above CCG average of 99% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 98% of patients had received an annual review compared with CCG average of 92% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 100% which was significantly above the CCG average of 84% and national average of 84%. The practice had particularly close links with a local sheltered accommodation where they undertook a weekly visit. The practice ensured that they worked with patients to improve their dementia diagnosis rate. Data from October 2014 showed that the practice's dementia diagnosis rate was over 70% which was the second highest achievement in the CCG.

Are services effective?

(for example, treatment is effective)

Clinical audits demonstrated quality improvement:

- There had been three clinical audits in the last three years, all of these were two-cycle completed audits where the improvements made were implemented and monitored and we were shown evidence to demonstrate this. One audit completed was to review patients taking a specific cholesterol medicine and a specific blood pressure medicine due to potential side effects.
- The practice had undertaken four one-cycle clinical audits in the last three years. One of the audits was in response to a safety alert linking birth defects to an antipsychotic medicine. We saw evidence that patients were contacted and seen in order to review their prescriptions.
- The practice had also undertaken a number of other audits and data searches in the last three years to improve recalling and monitoring of patients on the practice's registers such as those with learning disabilities, frequent Accident and Emergency (A&E) attendees and smokers at risk of COPD.
- Although we saw evidence that learning from clinical audits was shared with clinical staff and that audits had a positive impact on patients, most clinical audits undertaken were not formally recorded and documented in order to clearly demonstrate the methods used, actions taken and the changes made to improve patient outcomes.

The practice participated in local and national benchmarking, accreditation, peer review and research. Benchmarking data was discussed at monthly CCG and locality meetings attended by one of the partners or one of the salaried GPs and there was evidence that the practice had a clear understanding of their current performance.

The practice had identified 129 patients at risk of unplanned admissions to hospital. The practice contacted all patients on the avoiding unplanned admissions register after discharge from hospital and accident and emergency (A&E) attendances were discussed in clinical meetings. The practice had implemented a system to reduce their A&E attendance rates by writing to patients and parents of children who attended A&E to outline the practice's on-call and emergency appointment system so that patients could more appropriately be seen in the practice for continuity of care. We were shown evidence that for 2014/15 the practice did not have any emergency admissions for patients over

the age of 75 that were deemed avoidable and this had improved from three inappropriate admissions the previous year. This practice was the highest performer in the CCG locality with regards to A&E attendances. We were also shown evidence that total avoidable A&E attendances had reduced over previous years.

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 and these were visible in new staff files. It covered such topics as safeguarding, infection prevention and control, fire safety, basic life support, health and safety and confidentiality.
- All staff received update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff had training in the Mental Capacity Act 2005.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff for example, for those reviewing patients with long-term conditions. There was a wide skill mix amongst clinical staff, including a GP specialising in the menorrhagia pathway. The practice nurse specialised in long-term conditions and travel health and was able to provide women's health and contraceptive advice. Staff administering vaccinations, undertaking phlebotomy and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- The practice was registered as a training practice for trainee GPs. The registrar in the practice felt that they were provided with considerable support from GPs, with protected time for training sessions.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had effective systems in place to ensure that communications from other services and results were reviewed and actioned in a timely way.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a policy whereby all GPs typed their own referral letters to ensure continuity of care for patients.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Vulnerable patients, those at risk of hospital admission, accident and emergency attendances and those at the end of life were discussed with district nurses. The palliative care team attended at least every three months. Comprehensive minutes were kept of these meetings. The GPs met with a consultant psychiatrist every two months to discuss practice patients who were receiving community mental health services. The practice clinicians met weekly, where complex patient cases and referrals were discussed. The practice did not keep minutes of their clinical meetings but there was evidence that any changes to care were recorded in patients' medical records.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those at risk of dementia and those requiring advice on their diet, smoking, alcohol cessation and patients with learning disabilities. Patients were then signposted to the relevant service.
- Smoking cessation advice was available in-house from a health care assistant. Smoking cessation data for 2014/15 showed that of 23 patients referred in-house, there were 15 quitters which was 65%. This was above the Clinical Commissioning Group (CCG) average of 45%.

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 83% 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening via posters in the waiting area and recalling those patients who had not attended bowel cancer screening. The practice also promoted chlamydia screening in-house for those aged 16-24 and had a 12.4% uptake. This was the highest achievement in the CCG area.

Childhood immunisation rates for the vaccinations given were above or line with CCG averages. For 2014/15 childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 97% and five year

Are services effective? (for example, treatment is effective)

olds from 80% to 93%. Specifically, the practice had achieved 97% for those children under two who had received the five in one vaccine, which was above CCG average of 89%.

Flu vaccination rates for 2014/15 for the over 65s were 78%, and at risk groups 58%. These were above national averages. The percentage of diabetic patients who had received the flu vaccination in 2014/15 was 97%, which was also above CCG and national averages. Patients were invited for flu vaccinations via telephone, by information on prescription scripts, posters and promotion in the practice newsletter.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. In 2014/15, the practice had achieved more than their CCG target of 141, by undertaking 188 NHS health checks with a health care assistant. The practice were not signed up to the incentivised enhanced service to offer physical health checks to those patients with learning disabilities, however they had ensured these patients had access to a health check and had completed 15 reviews out of 16 patients on the register which was 94%. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 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 they received a high standard of care. Patients reported that staff were professional, caring, polite and helpful and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with seven patients and one member of the Patient Participation Group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed that patient experiences were mixed. The practice was below average for its satisfaction scores on consultations with GPs but in line with or above averages for nurses. For example:

- 71% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 79% and a national average of 85%.
- 79% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 76% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 84% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.
- 84% said the nurse was good at listening to them compared to the CCG average of 87% and national average of 91%.
- 91% said the nurse gave them enough time compared to the CCG average of 88% and national average of 92%.
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 95% and national average of 97%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 84% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.

Care planning and involvement in decisions about care and treatment

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

However, results from the national GP patient survey showed patients did not always feel involved in decisions about their care from GPs, but responded positively to questions about their involvement in planning and making decisions about their care and treatment from nursing staff. For example:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 82% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.
- 81% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 85%.

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 141 carers which

was 1.9% of the practice list. The practice had offered 25% of carers the flu immunisation. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs if appropriate 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 had a thorough awareness of their local population. The practice had 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 to ensure they were tailored to patients' needs. For example, the practice provided an in-house phlebotomy clinic with a health care assistant, every weekday morning for practice patients. The practice also provided a menorrhagia pathway for female patients. Since April 2014 the practice had taken part in a local CCG project; care for the older person and provided a weekly GP session at a local sheltered accommodation, working closely with the warden on site.

- The practice were signed up to the national avoiding unplanned admissions enhanced service, to identify those vulnerable patients most at risk of admission to hospital and had developed care plans for these patients. The practice was also signed up to a local service to identify those at risk with two or more long-term conditions. The practice used these registers of patients to ensure that vulnerable patients were able to access care and treatment in a timely way.
- The practice provided a fortnightly clinic for patients with diabetes and chronic obstructive pulmonary disease (COPD) where patients were given a 30 minute appointment to ensure that their holistic needs could be discussed.
- The practice provided postnatal care and chlamydia screening and a range of contraceptive services were provided by GPs and the practice nurse.
- Patients were able to receive travel vaccinations available on the NHS and they were a registered yellow fever centre.
- Smoking cessation was provided in-house by a health care assistant.
- The practice provided special arrangements for a local home for patients with severe mental illness; providing an annual visit by a GP to ensure patients received an annual physical health check or inviting patients and the carers to the practice.

- The practice offered extended hours on four evenings per week, to meet the needs of their working-age population who were not able to attend during normal opening hours.
- Home visits were available for older patients and patients who would benefit from these.
- Emergency appointments were available face to face and via a telephone triage system with a GP, for children and those with serious medical conditions.
- There were longer appointments available for vulnerable patients including those requiring translation service and those with a learning disability.
- There were disabled facilities and translation services available for those with language barriers and hearing difficulties, however the practice did not have a hearing loop installed.

Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday. Appointments were available between 8am and 6.30pm. Extended hours surgeries are offered from 6.30pm to 8pm every Monday and Tuesday evening and 6.30pm to 7pm every Wednesday and Thursday evening. The practice offered a range of appointment options for patients including telephone appointments, same day appointments, 24 hour ahead appointments, four days ahead and pre-bookable appointments up to six weeks in advance. Emergency appointments were available initially via a telephone discussion with the on-call GP and face to face appointments followed these where indicated.

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

- 74% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 75%.
- 73% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 72% describe their experience of making an appointment as good compared with a CCG average of 65% and a national average of 73%.
- 88% say the last appointment they got was convenient compared with a CCG average of 88% and a national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 71% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 56% and a national average of 65%.
- 60% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 49% and a national average of 59%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them and this aligned with comments cards received. However we received some comments that patients found it difficult to get through on the telephone and that appointments could often be delayed.

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 a complaints leaflet in the reception area, posters were displayed and there was information on the practice's website about how to make a complaint.

The practice had received 10 complaints in the last 12 months. We looked at three complaints received via email and found that these were satisfactorily handled and there was openness and transparency evident in complaint response letters to patients. However, we found that complaints were not always acknowledged in a timely way, in line with the practice's complaint handling policy. We found that the practice's generic email address was not monitored frequently enough in relation to complaints, to allow timely acknowledgements to be sent.

There was evidence that lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint about the telephone system and from working with the Patient Participation Group (PPG), the telephone system was reviewed and changed in July 2015 so that more lines were available. The practice reported complaints about the telephone system had reduced, however there were still difficulties with using this system. The practice had received a complaint about incorrect information being given about the registration process. Following this, they ensured that new guidelines were made available for reception staff to refer to for future registration queries. There was evidence that the learning had been cascaded to relevant staff and the action had been completed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in staff areas and staff knew and understood the values.
- All staff had been involved in the development of the mission statement in 2015 and we saw evidence to confirm this.
- The practice had a clear awareness of their strategy for the future however they did not have this formally documented in a business plan. Strategic issues were regularly monitored and discussed during management meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance structures and procedures in place included:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice's shared drive. All staff knew how to locate policies if they needed them. All policies we viewed had been updated.
- Systems for monitoring and recording staff training and personnel details were clear and robust.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had identified most risks to patient and staff safety although some health and safety risks were not fully assured. Procedures for recording incidents and complaints were in place with evidence that systems had been improved as a result.
- There was a comprehensive understanding of the performance of the practice. One of the partners or a salaried GP attended Clinical Commissioning Group (CCG) meetings monthly where performance data was shared. This was discussed during clinical meetings and the two GP partners met with the practice manager every four to six weeks to discuss practice performance, governance and quality. There was evidence that the practice were performing highly compared with other

practices in the CCG area, for example, in relation to prescribing and Accident and Emergency attendances. The partners in the practice had additional responsibilities where they engaged with local health committees and other stakeholders.

- Clinical and internal audits were used to monitor quality and to make improvements. For example, regular demand audits for appointments led to more flexibility and a range of appointment options for patients. The practice consistently provided more GP and nursing appointments than they were contracted to provide and we were shown data from April 2014 to January 2016 to confirm this.

Leadership and culture

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partnership was well-established and both partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt very supported by management.

- Staff told us the practice held monthly team meetings and comprehensive minutes of these were kept.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

Are services well-led?

Good 

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

- All staff received annual appraisals and personal development plans.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through patient feedback, comments and complaints received. There was an active PPG of 11 members which met quarterly. The practice and the PPG together identified areas to improve from utilising comments and feedback from the NHS Friends and Family Test (FFT), complaints and the national GP patient survey. However, the practice had not carried out their own satisfaction surveys. The PPG felt the partners always listened and acted on suggestions for improvement. For example, disabled access into the waiting area had been improved, the practice telephone system was altered in 2015 following PPG and patient concerns and online access was extended to nursing appointments. The PPG produced a newsletter for patients every quarter promoting the PPG and communicating any changes in the practice.
- 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.

- A number of staff had taken part in a fundraising five kilometre run in 2015 to raise money for the practice for the installation of fans in consulting rooms and in the waiting area.
- The practice had a high response rate for their NHS FFT. FFT results for April 2015 to January 2016 showed that on average 92% of patients would recommend the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement. The partners in the practice had additional responsibilities where they engaged with local health committees and other stakeholders.

The practice team were forward thinking to improve outcomes for patients in the area. For example, they had signed up to a number of local initiatives including providing phlebotomy in the practice to reduce the number of hospital visits for patients. Since April 2014 the practice had taken part in a local CCG project; care for the older person and provided a weekly GP session at a local sheltered accommodation, working closely with the warden on site. The practice were not signed up to the incentivised enhanced service to offer physical health checks to those patients with learning disabilities, however they had still ensured that these patients were monitored effectively and had completed 94% of reviews for these patients.