

# Tooting Bec Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tooting Bec Surgery on 10 March 2015.

We found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services for the population groups we report on: older people, people with long term conditions, families, children and young people; the working age people including those recently retired and students, people in vulnerable circumstances and people experiencing poor mental health.

Our key inspection findings were as follows:

- There were systems in place for reporting, recording and monitoring significant events to help provide improved care.
- Staff were clear of their roles in regards to monitoring and reporting of incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.

- Staff shared best practice through internal arrangements and meetings and also by sharing knowledge and expertise with external consultants and other GP practices.
- There was a strong multidisciplinary input in the service delivery to improve patient outcomes.
- Feedback from patients about their care and treatment was very positive.
- The practice was responsive to the needs of vulnerable patients and there was a strong focus on caring and on the provision of patient-centred care.
- The practice provided patients with information on health promotion and ill health prevention services available in the practice and the local community.
- The practice has a clear vision and strategic direction which was to improve the health, well-being and lives of those that they care for at the practice. Staff were suitably supported and patient care and safety was a high priority.

We saw several areas of outstanding practice including:

# Summary of findings

- The practice were completing regular audits, and were able to demonstrate that learning and improvements had been made to the practice services, which benefitted patient care and outcomes.

**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. We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place for the management of incidents and significant events, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a culture of reporting, sharing and learning from incidents within the organisation. Information sharing and updates took place with all staff at regular planned weekly and monthly meetings. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection.

Good



### Are services effective?

The practice is rated as good for providing effective services. The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the clinical commissioning group (CCG) and NHS England. There were suitable systems in place for the assessment of patients' needs, and care and treatment was delivered in line with current legislation, published guidelines and best practice. Data showed the practice performed well against clinical indicators related to patient health outcomes. For example, the percentage of patients with diabetes who had had a record of an albumin: creatinine ratio test (ACR), (which is a urine test used to screen people with chronic conditions) in the preceding 12 months was 94% compared to the national average of 86%.

Audits of various aspects of the service were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development. There were systems in place to effectively manage all vulnerable patients, including the completion of follow ups for nonattendance of appointments, and for patients requiring vaccinations.

Good



### Are services caring?

The practice is rated as good for providing caring services. The patients and carers we spoke with were complimentary of the care and service that staff provided and told us they were treated with

Good



# Summary of findings

dignity and respect. They felt cared for, were well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy, dignity and respect.

National data showed that patients rated the practice higher than others for several aspects of care, including their treatment experiences and the access to their GP.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Patients' needs were suitably assessed and met. There was good access to the service with walk in and urgent appointments available on the same day. Patients were able to access GP led telephone consultations when the practice was not open for appointments. Patients were signposted to their out of hours service when the surgery was closed. The practice also had facilities for patients to access non NHS services including private medicals and travel vaccinations.

The practice encouraged comments and suggestions from patients. There was a patient participation group (PPG). The practice had systems in place to learn from patients' experiences, concerns and complaints to improve the quality of care. Patients' were able to make comments and suggestions within the practice and were encouraged to do so.

The practice is spacious, well lit and ventilated, clean and accessible with good access for all people, including wheelchair users and the disabled. All rooms and areas within the practice were clean, spacious and secured. Facilities such as toilets, accessible toilets and baby changing facilities were also available.

Good



## Are services well-led?

The practice is rated as good for being well-led. The practice was well-led and had a clear vision and strategy to provide high quality, effective, treatment and advice in safe surroundings and to make the patient's visit as comfortable and productive as possible. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear leadership structure, and staff felt supported by management and able to raise concerns. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place. Staff meetings were undertaken regularly, and staff received suitable training and appraisals.

Good



# 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 was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Home visits and rapid access appointments were available for terminally ill and housebound patients.

The practice also provided telephone consultations for those unable to attend surgery and would see any older patient the same day or as a “walk-in”. All patients over 75 years of age were assigned a named G.P. Repeat prescribing requests were passed directly to a GP for a medication review prior to authorisation and re-scripting was completed.

The practice completed patient and carer assessment plans as part of its approach to the care of older people and placed individual alerts on patients’ and carers’ notes to highlight their needs. The practice provided information about advance directives in the waiting area to empower the patients’ decision making process. All practice staff were trained in safeguarding and were able to demonstrate heightened awareness of elderly care and those who may be potentially vulnerable.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice was using a risk stratification tool to identify high risk patients, who may need additional care, treatment and support. The practice was also actively participating in the PACT (Planning All Care Together) scheme to enable patients with chronic disease to live within their communities without long periods of hospital admission.

The practice participated in the local “Discharge Summary Scheme” completing reviews and referrals within 24 hours of hospital discharge for high risk patients. The practice provided chronic disease review clinics, double appointments, and joint diabetic clinics with a community diabetes specialist nurse and active health promotion advice. The practice partners were members of the Wandsworth Clinical Commissioning Group (CCG) “Members Development Programme” which is an education programme to support them in delivering local clinical pathways and national guidance to patients with chronic conditions.

Good



# Summary of findings

The principal GP was engaged with stakeholders working jointly to provide terminal care for patients. The practice provided locally enhanced services jointly with other stakeholders including podiatrist, dietician, district nurses and Chronic Obstructive Pulmonary Disease (COPD) nurses to deliver care and also encouraged local schemes e.g. “Footsteps Programme”, which provided guidance and support to clinicians for a more holistic approach to those patients with long-term conditions.

## **Families, children and young people**

The practice is rated as good for the care of families, children and young people. All newly pregnant women are referred to both the antenatal clinic and health visitor on the same day to provide early community support. The practice also held regular MDT meetings with health visitors and midwives to promote patients’ wellbeing. The practice provided antenatal access, same day appointments for post-natal checks for mother and baby.

The practice supplied all new mothers with health promotion packs and used this to inform new parents of useful contacts, health checks and vaccinations. The practice also had baby changing facilities on site. The practice referred seriously ill children to rapid access paediatric care pathways. There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. All staff had received training on child protection which included Level 3 for GPs and nurses.

There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Patients in this group that required an urgent appointment were seen in appointment slots that were in addition to booked appointment slots. Child immunisations were provided in line with national guidelines with any non-attendance being followed up by the principal GP or nurse. Immunisations were offered and only given with consent of parents, which was recorded on the patient’s record.

Good



## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people. The practice offered online appointments booking and extended opening hours on Monday and Tuesday between 6.30pm and 7pm. The practice also offered telephone consultations with a GP throughout the day during opening times Monday to Friday. The practice offered Saturday winter clinics and had enabled patients with online patient access to book appointments and request repeat prescriptions.

Good



# Summary of findings

The practice provided NHS health checks and provided GP-led new patient registrations to avoid the need for patients to re-attend for a second doctor's appointment. Repeat prescriptions were processed within 48 hours with an electronic prescribing service available. The practice is a Yellow Fever Centre and provided travel advice and vaccinations. Practice patients could access "Choose and Book" services, providing patients with flexibility in appointment dates and location to meet their needs.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities in identifying and reporting concerns.

The practice provided extended appointments and a named GP for all vulnerable patients. Vulnerable patients received annual reviews and were discussed during practice clinical meetings. The practice provided a Wandsworth social services folder in the practice waiting area and displayed carers' bulletins to signpost individuals to relevant social care services. The practice had an open door policy and would see patients not registered with the practice including travellers and those with no fixed abode as walk-in.

The practice had experience in encouraging patients to self-refer to Integrated Drug and Alcohol Services (IDAS) to reduce their potential vulnerability. The practice recognised patients' needs and was sensitive to their values and culture. Languages spoken by the staff team included English, Spanish, Hindi, Gujarati, Tamil and Urdu. The practice also provided disabled access and facilities and had larger consulting rooms available as required.

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. The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met. Staff had a clear understanding of the Mental Capacity Act (MCA) and how to report any concerns and who to report them to within the practice.

Reviews of care records of patients with dementia and mental health issues showed they were receiving regular reviews of their health,

Good



# Summary of findings

adequate multi-disciplinary input and support from the community mental health teams. The provider also ensured that patients within this group received regular medication and care plan reviews. Two of the practice GPs had GP psychiatry speciality training. The Practice had signed up for all its staff to have additional CCG funded MCA training.

The practice held regular meetings with the local Community Mental Health Team (CMHT) consultant to integrate care. Alongside medication reviews, the practice provided annual health and depression interim reviews. Practice consulting rooms were equipped with “self-referral cards” to local psychological therapies for ease and early intervention. The practice was able to signpost patients to their “Crisis Plan” and to provide contact details in moments of heightened risk. The practice worked closely with secondary care providers in supporting women with any type of clinical depression following childbirth, in dementia care planning, and in implementing urgent referrals for higher risk patients.

# Summary of findings

## What people who use the service say

We spoke with three patients during our inspection and received 41 Care Quality Commission (CQC) comment cards completed by patients who attended the practice during the two weeks prior to our inspection.

The three patients we spoke with said that they were very happy with the care and treatment they received. They were complimentary about the staff, describing them as caring, approachable and friendly; and they had no complaints about the practice staff or the care being provided. Patients also told us that staff treated them with respect and dignity and that they were informative and listened to their concerns or worries. Patients also informed us that they were given options and choice and were included in any decisions about treatment plans or recommendations.

Almost all the comment cards received indicated satisfaction with the GP, the practice and its staff, and all gave praise to the professional and dedicated caring service. They also indicated that the practice team responded to patient needs.

Two comments seen suggested that getting an appointment early morning and late in the evening were sometimes difficult. The practice offered a bookable

appointments service, by attending in person, by telephoning or by contacting the practice online, which patients commented was a good way to make services available.

Comments made in the GP patient survey 2014 and showed the practice compared more favourably with others in the area in some aspects of the service. For example, the percentage of patients who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours was 79%, the same result as the national average. The proportion of respondents to the GP patient survey who described the overall experience of this surgery as fairly good or very good was 93% compared to the national average of 85%. The percentage of patients who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone' was 98% compared to the national average of 75%.

The practice had an active patient participation group (PPG). We spoke with a PPG member during our inspection and they spoke highly of the staff and services being provided, and told us that the practice team were kind and caring, respectful and dignified when providing care and treatment.

## Outstanding practice

The practice were completing regular audits, and were able to demonstrate that learning and improvements had been made to the practice and services, which benefitted patient care and outcomes.

# Tooting Bec Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and a GP specialist advisor. The inspection team members were granted the same authority to enter the practice as the CQC lead Inspector.

### Background to Tooting Bec Surgery

The Tooting Bec Surgery is located in Tooting Bec in the London Borough of Wandsworth in south-west London, and provides NHS GP services to around 2304 patients. The practice patient list is varied in ages although adult patients 20 years of age and older make up the majority of registered patients.

The practice is contracted by NHS England for general medical services (GMS) and is registered with the Care Quality Commission for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, family planning, and diagnostic and screening procedures at one location.

The practice provides a full range of essential, enhanced and additional services including maternity services, diabetic clinics, childhood immunisations, family planning, smoking cessation, cervical smears, contraception services and counselling. The general medical services (GMS) contract is one kind of contract between general practices and NHS England for delivering primary care services to local communities.

The surgery is currently open five days a week from 8:00 am to 6:30 pm Monday to Friday and closed at weekends. In

addition, the practice offers extended hours from 6.30pm to 7.00pm every Monday and Tuesday. The practice does not run a clinic on a Thursday evening. The practice staff were available to contact by telephone during these times for enquiries, GP led telephone consultations, and pre-arranged and walk in urgent appointments. Out of hours services for the Tooting Bec Surgery is provided in partnership with an external agency service when the surgery is closed.

The practice is one of 44 GP practices located within the Wandsworth clinical commissioning group (CCG) who provide care and services to a diverse population of over 362,386 registered patients within the borough of Wandsworth.

The practice comprises of two consulting rooms, one treatment room, a combined reception and waiting area, toilets, accessible toilets, baby change facilities and staff meeting room, staff kitchen and toilets and rooms for office space and administration purposes. Parking is very restricted within the immediate area. The practice is located close to good public transport links.

The practice provides walk in and bookable appointments each day including urgent appointments. The practice also provides telephone GP consultations and online appointments.

There are six staff who work within the practice. The staff mix is comprised of two partner GPs' and one locum GP. There is one nurse, one practice manager, and one receptionist. Practice staff speak various other languages in addition to English including Spanish, Hindi, Gujarati, Tamil and Urdu.

The practice were completing regular audits, and were able to demonstrate that learning and improvements had been made to the practice services, which benefitted patient care and outcomes.

# Detailed findings

There were no previous performance issues or concerns about this practice prior to our inspection.

No safeguarding notifications were received for the practice in the past 12 months.

No whistle blowing notifications were received for the practice in the past 12 months.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and under section 60 of the Health and Social Care Act 2008 and as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them. We also determined which services to inspect through intelligence monitoring, public perception, and engagement and partnership working with the local Clinical Commissioning Group (CCG).

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and Wandsworth Clinical Commissioning Group (CCG) to share information about the service. We carried out an announced visit on 10 March 2015. The inspection took place over one day and was undertaken by a lead inspector, along with a GP advisor. During our visit we spoke with patients and a range of staff which included GPs, practice manager, nurse, and receptionists. We looked at care records, and spoke with a member of the patient participation group (PPG) and the management team. We spoke with three patients who used the service.

We observed staff interactions with visitors and patients in the waiting area. We looked at records including recruitment, health and safety checks, staff training, medicines management, equipment checks, audits, complaints and significant events, patient records, and policy and procedure documents. We reviewed Care Quality Commission (CQC) comment cards where patients and members of the public shared their views and experiences of the service. We received a total of 41 comment cards collected as part of our visit.

# Are services safe?

## Our findings

### Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a policy and a significant event toolkit to report the incidents and the practice manager showed us the processes around reporting and discussions of incidents. Significant events were reviewed regularly and staff we spoke with were aware of their responsibilities to report any identified concerns and issues appropriately.

### Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. For example, on review of a patient record it was noted that a discharge summary had been incorrectly scanned into this patient's notes, and incorrectly attached to the record.

This was discussed with the reception staff and corrected with no impact on the patient. The practice was able to demonstrate that staff were spoken to individually and at the practice team meeting to highlight the error. The practice formulated a double checking policy, of checking patient's notes before and after any updates or amendments to records were completed. In addition all practice staff were reminded to be vigilant and to double check correspondence at all times and to ensure records are accurate and up to date.

We reviewed a sample of the four incidents that had been reported since March 2014. Records showed evidence of discussion and improvements.

### Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. The principal GP was the designated lead for safeguarding. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues.

All staff that worked at the practice had completed adult safeguarding training. The clinical staff had completed Level 3 child protection training, and all non clinical staff had completed level 1 child protection training. All practice staff had received a criminal records check (through the Disclosure and Barring Service) prior to their employment.

The contact details of the local area child protection and adults safeguarding departments were accessible to staff if they needed to contact someone to share their concerns about children or adults at risk. The practice had an up to date chaperone policy in place which provided staff with information about the role of a chaperone and staff were aware of their role and responsibilities. Practice staff providing chaperone services had all received a Disclosure and Barring Service (DBS) check.

### Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept in the practice.

GPs followed national guidelines and accepted protocols for repeat prescribing. All prescriptions were reviewed and signed by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicine with potentially serious side effects. Prescription pads were secured appropriately when not in use.

### Cleanliness and Infection Control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection

## Are services safe?

prevention and control (IPC) lead. Staff had received IPC training and were aware of IPC guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons.

There was a cleaning schedule in place to ensure each area of the practice and equipment was cleaned on a regular basis. The waiting area, chairs, reception desk and all communal areas we saw were clean and in good repair. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean. Cleaning checks were undertaken regularly. Annual IPC audits were conducted in the practice, and the latest audit had been completed in September 2014 with a 97% compliance score on appraisal from the Wandsworth Clinical Commissioning Group (CCG).

Clinical waste was collected by an external company and consignment notes were available to demonstrate this. Waste including sharps were disposed of appropriately.

### Equipment

There were appropriate arrangements in place to ensure equipment was properly calibrated. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year. The equipment and the environment were well maintained.

### Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of statutory recruitment requirements including obtaining proof of identity, proof of address, references and undertaking criminal records checks, through the

Disclosure and Barring Service, (DBS) before employing staff. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process.

Rotas showed staffing levels were maintained, planned in advance and procedures were in place to manage planned and unexpected absences.

### Monitoring Safety and Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested weekly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors to ensure security of patient documents and the computers.

### Arrangements to Deal with Emergencies and Major Incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received regular training in basic life support. The practice held a stock of emergency medicines and equipment such as oxygen, masks, nebulisers, pulse oximeter and an Automated External Defibrillator (AED). These items were checked regularly.

The practice's had a business continuity plan in place and the practice manager told us of the contingency steps they could take if there was any disruption to the premises' computer system, central heating, and telephone lines. They told us of the arrangements they had with other neighbouring GP practices to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs reviewed published guidelines, such as those from the National Institute for Health and Care Excellence (NICE), and if considered relevant they were discussed in practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship among the staff team to ensure information was cascaded suitably and adopted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings.

As part of the Planning All Care Together (PACT) scheme within the practices service contract, care plans had been put in place for patients who were at risk of unplanned admissions to hospital.

### Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. The GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably.

We saw reports of the practice' completed clinical audit cycles. For example, the practice cervical smear audit had been undertaken to monitor their compliance with current guidance. The first cycle of the audit identified that the practice rate was 65% and nearly 10% lower than the Clinical Commissioning Group (CCG) average. A 12 point action plan was developed and implemented by the practice and on completion of the second cycle of the audit results showed an increase of 16% had been achieved on the previous cycle, resulting in improvements in care and an 81% completion rate by the practice compared to the CCG average of 74%.

There was a culture of learning and auditing and a number of clinical audits had been completed for example on Omega-3 Prescribing. The audits documented the clear actions taken in September 2014 by the practice to identify those patients, to arrange appointments, to implement any

changes in line with recommended guidelines, and to review patients again within three months. The result of the audit demonstrated that prescribing for those patients identified in the initial audit had stopped and without any impact on their health. The practice then implemented the use of system alerts for any new patient using omega-3 therapy for continual indication review. The practice were able to evidence that improvements had been made during the second audit cycle in January 2015 and that no patients were now taking the medicine and had all received a medication review and consultation to understand why the medicines were to be stopped.

The practice were completing regular audits, and were able to demonstrate that learning and improvements had been made to the practice which benefitted patient care and outcomes.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information. There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

Medicines and repeat prescriptions were issued based on nationally accepted guidelines. In our discussions with clinicians we reviewed four patient records and found that prescriptions matched the patients' current diagnoses and the repeat prescriptions had been reviewed when altering or adding medicines. Appropriate clinical monitoring such as regular blood tests had been undertaken in all four patients whose records we reviewed, and that were on high risk medicines, such as Methotrexate.

### Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training including IT systems, infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

There was evidence of appraisals and performance reviews of staff being undertaken. There were appraisal processes for GPs and one of them was due for appraisal in the week following our inspection visit, on the 14 March 2015. Revalidation had been completed for one of the GPs in July

# Are services effective?

(for example, treatment is effective)

2014. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. Staff were encouraged to develop within their role. The practice manager showed us evidence of staff having completed training, and the practice ensured that all update courses were attended.

## Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for people. There was evidence of close working relationships with local hospitals in the area.

The practice principal GP attended six weekly multi-disciplinary team meetings with other professionals including palliative nurses, community matrons, social workers, health visitors and district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. We saw that blood test results, hospital discharge letters and communications from other health care providers, including the out of hour's provider, were acted on promptly.

## Information Sharing

Regular meetings were held every two weeks in the practice to ensure information about key issues was shared with staff. The practice was actively involved in work with peers, other healthcare providers and the local CCG. We were told that the practice was very open to sharing and learning and actively took part in care pathways planning and multi-disciplinary team meetings.

The surgery website provided good information for patients including the services and clinics available at the practice. Information leaflets and posters about local services were available in the surgery waiting area.

## Consent to care and treatment

All GPs we spoke with were aware of the requirements of the Mental Capacity Act 2005, the Children Acts 1989 and 2004, and their responsibilities with regards to obtaining and recording consent. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Staff told us that consent was recorded on patient notes and records, and that if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that recommended guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients.

## Health Promotion & Ill-Health Prevention

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website provided information ranging from the various services, opening times, contact details, clinics, and patient survey results.

There was a range of information available to patients on the practice website and in the waiting areas which included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed 97% of patients with a status recorded as smoker had been offered advice about smoking cessation.

Data available to us showed that the practice was achieving about 90% coverage compared to the local Wandsworth average of 75% for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, a cellular pertussis (whooping cough), poliomyelitis and Haemophilus influenzae type b), Meningitis C and MMR vaccination for children.

All new patients registering with the practice were offered a health check which was undertaken by the practice nurse.

# Are services caring?

## Our findings

### Respect, Dignity, Compassion & Empathy

The 2013/14 GP survey results (latest results published in January 2015) showed that 76% of respondents with a preferred GP usually get to see or speak to that GP compared to the national average of 37%. Ninety two percent of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the national average of 85%. And 92% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the national average of 85%.

People's responses to the GP national survey 2014 also showed that 93% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to the local Clinical commissioning Group (CCG) average of 69%. Seventy nine percent of respondents with a preferred GP usually get to see or speak to that GP compared to the local (CCG) average of 57%. Ninety five percent of respondents find it easy to get through to this surgery by phone compared to the local (CCG) average of 78%.

We spoke with three patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect. Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received 41 completed cards. Almost all the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the medical care and treatment at the practice. All patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions relating to their care and treatment.

The practice phones were located and managed at the reception desk. The reception area was partitioned with a glass window that ensured privacy. A notice setting out chaperoning arrangements was displayed inside the

waiting area. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' rights to privacy and dignity.

We observed staff interactions with patients in the waiting area and at the reception desk and noted that staff ensured patients' respect and dignity at all times. All consultations and treatments were carried out in the privacy of a consulting room and we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

### Care planning and involvement in decisions about care and treatment

In the 2014 national GP patient survey, 100% of the respondents gave a score of 4 or 5 (on a scale of 1-5, where 5 was agree; 1 disagree) in response to the question 'had confidence and trust in the last nurse they saw or spoke to'. Seventy percent of the respondents gave a score of 3 to 5 in response to the question 'The doctors involve me in decisions about my care' and 91% of the respondents gave a score of 4 or 5 in response to the question 'The reception staff are helpful and friendly.'

Staff told us that translation services were available for patients who did not have English as a first language. Practice staff also spoke a number of languages including; Spanish, Hindi, Gujarati, Tamil and Urdu.

### Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information to support them in time of bereavement. The practice offered counselling services to patients. They also told us that where relevant they could signpost people to support and counselling facilities in the community following bereavement. The practice also worked in close alliance with the local NHS Hospital and the counselling services offered by the Wandsworth Psychological Therapies and Wellbeing Service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of patient records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also an annual review of their care.

The practice was engaged with their Patient Participation Group (PPG) and feedback from patients was obtained proactively and the service acted accordingly to improve care delivery. There were regular meetings attended by the practice manager and the principal GP. Patient surveys to obtain feedback on different aspects of care delivery were completed annually.

The practice had monthly clinical meetings and attended six week multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Direct Enhanced Services (DES) undertaken was suitably and monitored. For example, under the Planning All Car Together (PACT) scheme, people had been risk profiled and care plans put in place for those identified as at high risk of unplanned hospital admission.

### Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and also could use online resources to help with language interpretation. Languages spoken by staff at the practice included Spanish, Hindi, Gujarati, Tamil and Urdu.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. Facilities for disabled people included separate disabled access to mitigate the use of stairs and an accessible toilet. Baby changing facilities were available as well.

We were told by the principal GP that longer appointments could be scheduled for all patients, including vulnerable patients such as those with learning disabilities. We reviewed the arrangements for the care of people with learning disabilities, and found it showed that they were receiving suitable care and had all received an annual review within the last year.

There was an open policy for treating everyone as equals and there were no restrictions in registering. Homeless travellers could register with the surgery and be seen without any discrimination. The practice policy was to offer routine appointments within 48 hours.

### Access to the service

The surgery had clear, obstacle free access. Doorways and hallways were wide enough to accommodate wheelchairs and pushchairs. The waiting area was spacious and had suitable seating. The practice was currently open five days a week from 8.00 am to 6.30 pm. In addition, the practice offered extended opening hours from 6.30 pm to 7.00 pm every Monday and Tuesday. The practice was also providing additional appointments on Saturday mornings from 9.00am till 12.00pm during winter pressures until the end of March 2015.

People's responses to the GP national survey 2014 showed that 68% of respondents were satisfied with the surgery's opening hours compared to the local Clinical Commissioning Group (CCG) average of 80%. Seventy percent of respondents say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local (CCG) average of 82%. Seventy percent of respondents would recommend this surgery to someone new to the area

Compared to the local (CCG) average of 81%.

Appointments could be arranged by telephone, in person and online.

The practice maintained a user-friendly website with information available for patients including the services provided, how to contact the practice, health promotion

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(for example, to feedback?)

advice, obtaining test results, clinical services, booking appointments and patient feedback and survey results. There were in excess of 40 information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers.

The practice had responded to people's concerns and had introduced more patient information leaflets and posters within the practice and was currently further developing its website to include the option for patients to provide feedback.

All of the patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to get and were available at a time that suited them.

Staff told us that for urgent needs patients could be seen by a doctor on the same day. They told us that all patients with urgent needs were seen the same day by a GP. Patients including babies, children and young people were given priority and were seen the same day by a GP. The practice had an open door policy and welcomed all patients and visitors.

Information was available via the answer phone and the practice's website, providing the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

## Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received. The practice reviewed complaints on an annual basis to detect any emerging themes. We reviewed a sample of two complaints in the period May 2014 to January 2015 and found that actions were taken and learning implemented following the complaints. This helped ensure improvements in the delivery of care. For example, in one case where a complaint had been raised with the practice through NHS England due to a patient not being allowed to register with the practice. The practice investigated the complaint and found they had acted in line with NHS new patient registration guidance, equal opportunities and anti-discrimination, and staff safety. Staff training in conflict resolution and de-escalation had been helpful in this complaint and continued to be encouraged in staff learning.

# 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 surgery had a statement of purpose and vision which outlined the practice's aims and objectives which were to provide patients with personal health care of the highest possible quality and endeavour to improve on the health of patients continually, and aim to achieve this by following national guidelines and national health prevention programmes. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns to ensure those could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

### Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff.

Staff were aware of lines of accountability and who to report to. The practice had regular meetings every two weeks involving GPs, practice manager, nurse and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing mostly in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice was completing patient surveys and audits, recording and analysing the results to produce action points to improved care and outcomes for patients. The practice offered patients the facility to make comments or suggestions within the practice.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

The principal GP and practice manager were responsible for new developments and discussions within the practice. They would discuss all concerns or changes with staff during team meetings and seek comments and suggestions from the practice team staff before any decision making was completed.

### Leadership, openness and transparency

The practice was led by the principal GP and a practice manager. Discussions with staff and meeting minutes showed team working and effective leadership. There was a clear leadership structure which had named members of staff in lead roles. For example the practice nurse was lead for infection control and cleanliness. The principal GP was the lead for safeguarding and the practice manager was responsible for information governance. The principal GP told us that he was well supported by all the practice staff including other GP's, practice nurse, and practice manager.

We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. We saw from minutes that team meetings were held regularly every two weeks. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

### Practice seeks and acts on feedback from users, public and staff

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings and PPG members' involvement in undertaking patient surveys. The practice was engaged with the Wandsworth CCG, the local network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.

We found evidence that the practice responded to feedback from patients as was evidenced by the changes made to further encourage health promotion and self-care through more patient information supplied in the waiting

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room area. We were able to see that over 40 different patient information leaflets were available. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys were available in the surgery.

Staff were supported in their professional and personal development. We saw evidence of completed courses relevant to staff members' roles, and other courses that were planned to be completed. The practice manager was responsible for ensuring all staff including doctors were scheduled for courses, and supported new initiatives such as signing up to a CCG supported MCA training and development programme due to start in April 2015. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff.

## **Management lead through learning & improvement**

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery. The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.