

Green Wrythe 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?	Requires improvement	
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 Green Wrythe Surgery on 8 January 2015. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2015 inspection can be found by selecting the 'all reports' link for Green Wrythe Surgery on our website at www.cqc.org.uk.

This announced comprehensive inspection was undertaken on 26 April 2017. The provider had made improvements in all the areas where issues were identified in the inspection in January 2015. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed including appropriate recruitment checks for staff.
- 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. We reviewed a sample of patient records and found that the care was delivered in line with current evidence based guidance.

- 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.
- Seven out of eight patients we spoke to said they found it was difficult to get an emergency appointment and said they had to wait approximately a week to get an appointment with a named GP. However, we found that emergency appointments were available on the day of inspection.
- 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, however the Patient Participation Group felt that some of the suggestions they made were not acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Review practice systems to ensure there is a clear system in place to monitor the implementation of medicines and safety alerts.
 - Ensure there are failsafe systems in place to monitor refrigerators where medicines are stored.
 - Ensure the business continuity plan is up to date.
 - Review how patients with caring responsibilities are identified to ensure information, advice and support can be made available to them.
 - Review practice procedures to ensure all patients with a learning disability have regular health checks.
- Review the national GP patient survey results and address low scoring areas to improve patient satisfaction.
 - Review practice procedures to ensure all policies and procedures were reviewed appropriately to ensure they are up to date.
 - Consider documenting discussions from practice nurse meetings.
 - Review practice procedures to ensure that the suggestions made by the PPG were acted on appropriately.

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.

- Risks to patients were assessed and well managed including appropriate recruitment checks for staff.
- They did not have a clear system in monitoring the implementation of medicines and safety alerts and they did not have a failsafe thermometer installed on the refrigerators that stored medicines.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- All staff had undertaken adult and child safeguarding training relevant to their role and provided a good understanding of their responsibilities in relation to this.
- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- We audited 26 sets of medical records during the inspection and found these to be satisfactory.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Only 30% (14 patients) out of 43 patients with a learning disability had received a health check in the last year.
- Clinical audits demonstrated quality improvement.
- 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.

Good



Summary of findings

- Data from the national GP Patient Survey showed patients rated the practice at or below average for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had only identified 0.3% (29 patients) of the practice list as carers.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Data from the national GP Patient Survey showed patients rated the practice at or below average for many aspects of care.
- Seven out of eight patients we spoke to said they found it was difficult to get an emergency appointment and said they had to wait approximately a week to get an appointment with a named GP.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was part of a health centre where patients had access to services including children's health, children's therapies and physiotherapy, dentistry, dietetics, family planning, midwifery, phlebotomy, podiatry, psychological therapies and specialist nurse clinics.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

The practice is rated as good for providing well-led services.

- The practice had significantly improved and had addressed all the issues identified in the previous inspection.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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; however the policies had no review dates and some had not been tailored to suit the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs 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 Patient Participation Group was active. The practice proactively sought feedback from staff and patients, however the Patient Participation Group felt that some of the suggestions they made were not acted on.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. One of the practice nurses regularly visited housebound patients.
- Longer appointments and home visits were available for older people with long term conditions when needed.

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. The practice ran nurse led clinics for patients with asthma, chronic obstructive pulmonary disease, diabetes and chronic heart disease.
- The national Quality and Outcomes Framework (QOF) data showed that 76% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. 96% of patients with diabetes had received a foot examination in the preceding 12 months which was above the CCG average of 87% and national average of 89%.
- The national QOF data showed that 83% of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 76%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- The practice was a hub for providing anticoagulation clinics. The practice patients and approximately 200 local patients from other GP practices attended the anticoagulation clinics which were held three days a week; this reduced the need for these patients to visit a hospital.

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 urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was in line with the Clinical Commissioning Group (CCG) average of 82% 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.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments with GPs which suited working age people.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments and extended annual reviews for patients with a learning disability. The practice GPs provided care for two local care homes for patients with severe learning disabilities supporting the needs of 12 residents. Only 30% (14 patients) out of 43 patients with a learning disability had received a health check in the last year.
- 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.
- The practice had alerts set up for vulnerable children and families on their electronic patient management system.

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).

- 91% of 100 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was in line with the CCG average of 91% and national average of 89%.
- 92% of patients with dementia had received an annual review which was above the Clinical Commissioning Group (CCG) average of 86% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the service was performing in line with local and national averages. Three hundred and nineteen survey forms were distributed and 115 were returned. This represented approximately 1% of the service's registered patient list.

- 44% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 74%, national average of 73%).
- 73% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 74% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 60% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 28 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with eight patients during the inspection. The patients said they were happy with the care they received and most patients thought staff were approachable, committed and caring.

Green Wrythe Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Green Wrythe Surgery

Green Wrythe Surgery provides primary medical services in Carshalton to approximately 10,700 patients and is one of 26 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the fourth most deprived decile in England.

The practice population has higher than CCG and national average representation of income deprived children and older people. The practice population of children is higher than the local and national averages. The practice population of working age people is in line with the local and national averages; the practice population of older people is below the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 75% are British or mixed British, 12% are Asian and 8% are African or Caribbean.

The practice operates in purpose built premises. Patient facilities are wheelchair accessible on the ground floor. The practice has access to six doctors' consultation rooms, three nurses' consultation rooms and one treatment room on the ground floor.

The clinical team at the surgery is made up of one full-time male lead GP, six part-time salaried GPs (five female and one male), one part-time regular male locum GP, two

full-time and one part-time female practice nurses and one part-time female healthcare assistant. The non-clinical practice team consists of practice manager, assistant practice manager, eight administrative and reception staff members. The practice provides a total of 50 GP sessions per week.

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 reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:00am to 12:30pm and from 1:30pm to 6:30pm Monday to Friday. Extended hours surgeries are offered on Tuesdays to Fridays from 7:00am to 8:00am and on Saturdays from 8:30am to 10:30am.

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 Sutton CCG. Sutton GP services provide additional GP and nurse appointments seven days a week through Primary Care hubs which could be booked in advance. (Primary Care hubs provide patients' with access to a GP seven days per week, where the clinician has, with patients' consent, full access to their GP records which allows a full general experience.)

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services, family planning and surgical procedures. The practice currently has only one partner as a partner recently retired; they informed us that are actively looking to recruit a new partner and have informed the CCG regarding this.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Green Wrythe Surgery on 8 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective, caring, responsive and well led services.

We issued requirement notices under the following regulations:

Regulation 9: Person-centred care. The provider had not ensured they assessed the needs and preferences for care and treatment of the service user.

Regulation 12: Safe care and treatment. The provider had not ensured that the necessary checks for staff providing chaperone duties were undertaken and appropriate recruitment checks were undertaken for all staff.

Regulation 13: Safeguarding service users from abuse and improper treatment. The provider had not ensured that all staff had undertaken safeguarding training relevant to their role.

Regulation 17: Good governance. The provider had not ensured that all staff had access to policies and procedures and some of the policies were not up to date.

Regulation 18: Staffing: The provider had not ensured that staff received appropriate training and appraisal as is necessary to enable them to carry out the duties that they are employed to perform.

The full comprehensive report on the January 2015 inspection can be found by selecting the 'all reports' link for Green Wrythe Surgery on our website at www.cqc.org.uk.

We undertook a follow up announced comprehensive inspection of Green Wrythe Surgery on 26 April 2017 to check that action had been taken to comply with legal requirements.

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 26 April 2017.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, practice manager, assistant practice manager, administrative and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

Detailed findings

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

At our previous inspection on 8 January 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment checks and safeguarding training for staff needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 26 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The practice had no clear system in place to monitor implementation of medicines and safety alerts; the practice informed us that when alerts were received they were printed and signed by each clinician to acknowledge that they have read it. We did not see evidence of this during the inspection; however we saw evidence of implementation of recent medicines and safety alerts and clinical staff were aware of these.

Overview of safety systems and process

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The practice had a cleaning schedule for each clinical room and the person using the room was expected to clean according to this every day.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the practice had replaced some of the chairs in consulting rooms to comply with the infection control standards.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and

Are services safe?

disposal). The practice had no failsafe thermometer installed on two out of three fridges that stored medicines and did not perform monthly calibration checks for these two fridges as required

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well-managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage; however the plan was not up to date.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 January 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect of review of patients' records in line with best practice guidelines, appropriate management and review of patients in a timely manner and performance reviews for staff needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 26 April 2017. The provider is now rated as good for providing effective services.

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.
- We audited 26 sets of medical records during the inspection and found these to be satisfactory.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% (Clinical Commissioning Group average 94.7%; National average 95.3%) of the total number of points available, with 8.6% (CCG average 6.8%; national average 9.8%) clinical exception reporting. We found that the exceptions were appropriately reported. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to

attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 76% of patients (in line with average exception reporting of 10%) had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. 96% of patients (in line with average exception reporting of 4.2%) with diabetes had received a foot examination in the preceding 12 months which was above the CCG average of 87% and national average of 89%. One of the practice nurses recently started a degree level course in diabetes management.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 75% (below average exception reporting of 0%), which was below the CCG average of 83% and national average of 84%.
- The percentage of patients with atrial fibrillation treated with anticoagulation therapy was 89% (below average exception reporting of 1.8%), which was above the CCG average of 88% and national average of 87%. The practice was a hub for providing anticoagulation clinics. The practice patients and approximately 200 local patients from other GP practices attended the anticoagulation clinics which were held three days a week; this reduced the need for patients to visit a hospital.
- Performance for mental health related indicators was in line with the CCG and national averages; 91% of patients (in line with average exception reporting of 11.4%) a comprehensive agreed care plan in the last 12 months compared with the CCG average of 91% and national average of 89%.
- 92% of patients (in line with average exception reporting of 7.7%) with dementia had received an annual review which was above the CCG average of 86% and national average of 84%.
- The national QOF data showed that 83% (in line with average exception reporting of 1.8%) of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 76%.

Are services effective?

(for example, treatment is effective)

- 94% of patients (below average exception reporting of 4.5%) with Chronic Obstructive Pulmonary Disease (COPD) had received an annual review compared with the CCG average of 89% and national average of 90%.

The practice had a QOF administrator who monitored their performance regularly and helped the clinical staff to call people in for reviews, blood tests and immunisations.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. 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.

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 held monthly clinical meetings where they discussed clinical issues, complaints and significant events. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice also held six weekly practice nurse meetings which were attended by the practice nurses and the healthcare assistant where they discussed nurse specific issues; however these meetings were not formally minuted.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005; all clinical and non-clinical staff had undertaken Mental Capacity Act training.
- 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.

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

Are services effective?

(for example, treatment is effective)

condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was in line with the Clinical Commissioning Group (CCG) average of 82% 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 service also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 54% compared with 70% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 45% compared with 55% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccinations given were higher when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in four out of four areas. These measures can be aggregated and scored out of 10, with the practice scoring 9.3 (compared to the national average of 9.1).

Are services caring?

Our findings

At our previous inspection on 8 January 2015, we rated the practice as requires improvement for providing caring services as the comments we received from patients were negative in relation to access to appointments and GP led care and treatment. Also the results of the national GP patient survey in relation to GP treating them with care and concern were below average.

We found that the national GP patient survey results had still not been improved when we undertook a follow up inspection on 26 April 2017; however the practice's own patient survey results indicated significant improvement in these areas. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

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

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

Most of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with nine patients including one member of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected; however four patients said that sometimes the reception staff can be rude.

Results from the national GP patient survey showed the practice were in line with or below the local and national averages. For example:

- 77% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 90%; national average of 89%).
- 78% said the GP gave them enough time (CCG average 88%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 73% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

The practice recently undertook a patient satisfaction survey using the General Practice Assessment Questionnaire (GPAQ) and compared against the GPAQ benchmark. They received 260 responses. The results indicated:

- 98% of patients were satisfied with how well their doctor listened to them compared to the GPAQ benchmark of 84%.
- 96% of patients were satisfied with time their doctor spent with them during consultations compared to the GPAQ benchmark of 80%.
- 97% of patients were satisfied with doctors' caring and concern compared to GPAQ benchmark of 84%.
- 97% of patients were satisfied with how well their doctor put them at ease compared to the GPAQ benchmark of 84%.
- 96% of patients were satisfied with doctor's questioning compared to the GPAQ benchmark of 81%.
- 67% of patients were satisfied with receptionists compared to GPAQ benchmark of 77%.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The service was in line with or below the local and national averages for consultations with GPs and nurses. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

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

The practice recently undertook a patient satisfaction survey using the General Practice Assessment Questionnaire (GPAQ) and compared against the GPAQ benchmark. They received 260 responses. The results indicated:

- 97% of patients were satisfied with doctors' explanations compared to the GPAQ benchmark of 83%.
- 97% of patients were satisfied with how well their doctor involved the patient compared to the GPAQ benchmark of 81%.

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 had identified 0.3% (29 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a lower than Clinical Commissioning Group and national average of patients over the age of 65.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 8 January 2015, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of managing the needs of vulnerable patients needed improving.

These arrangements had improved when we undertook a follow up inspection on 26 April 2017; however patients still reported problems with access to appointments and getting through to the surgery by phone. The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The service reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions. The practice had alerts set up for these patients which indicated what activities these patients liked to do which helped the practice staff to keep these patients at ease during practice visits. The practice GPs provided care for two local care homes for patients with severe learning disabilities supporting the needs of 12 residents. Only 30% (14 patients) out of 43 patients with a learning disability had received a health check in the last year.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available; the service had a hearing loop available to help patients with hearing impairments.
- Homeless people were able to register at the service.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice was part of a health centre where patients had access to services including children's health, children's therapies and physiotherapy, dentistry, dietetics, family planning, midwifery, phlebotomy, podiatry, psychological therapies and specialist nurse clinics.

- The practice provided minor surgical procedures, phlebotomy, 24 hour blood pressure monitoring, electrocardiography, weight management and managed complex leg ulcer dressings which reduced the need for referrals to hospital.
- The practice was a hub for providing anticoagulation clinics. The practice patients and approximately 200 local patients from other GP practices attended the anticoagulation clinics which were held three days a week; this reduced the need for patients to visit a hospital.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:00am to 12:30pm and from 1:30pm to 6:30pm Monday to Friday. Extended hours surgeries were offered on Tuesdays to Fridays from 7:00am to 8:00am and on Saturdays from 8:30am to 10:30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Sutton GP services provided additional GP and nurse appointments seven days a week through Primary Care hubs which could be booked in advance. (Primary Care hubs provide patients' with access to a GP seven days per week, where the clinician has, with patients' consent, full access to their GP records which allows a full general experience.) The practice held a morning GP walk-in clinic from Tuesday to Friday where patients could attend without an appointment.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line with or below the local and national averages.

- 74% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 77%; national average of 76%).
- 44% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 32% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

Seven out of eight patients we spoke to said they found it was difficult to get an emergency appointment and said

Are services responsive to people's needs?

(for example, to feedback?)

they had to wait approximately a week to get an appointment with a named GP. Five out of eight patients we spoke to said they had to wait approximately 20 to 30 minutes to be seen when they were in for an appointment.

The practice had reviewed and organised their appointment system to meet the increased demand with 50% of appointments available to pre book and 50% appointments available to book on the day.

The practice recently undertook a patient satisfaction survey using the General Practice Assessment Questionnaire (GPAQ) and compared against the GPAQ benchmark. They received 260 responses. The results indicated:

- 73% of patients were satisfied with the practice's opening hours compared to the GPAQ benchmark of 67%.
- 37% of patients were satisfied phoning through to practice compared to the GPAQ benchmark of 59%.
- 72% of patients were satisfied with availability of a particular doctor compared to the GPAQ benchmark of 60%.
- 74% of patients were satisfied with availability of any doctor compared to the GPAQ benchmark of 69%.

The practice was aware of the problem with telephone access especially in the mornings and has appointed an additional member of staff to answer calls; they also encouraged patients to use online appointment booking and repeat prescription ordering system.

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

We looked at 17 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. The practice had a plan to manage each complaint and we saw evidence that complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 8 January 2015, we rated the practice as requires improvement for providing well-led services as there was no documented statement of purpose or vision statement which sets out the practice's aim. The practice had no practice-wide objectives in place, and no clear plan documenting the future of service delivery; some of the policies and procedures were not up to date.

These arrangements had significantly improved when we undertook a follow up inspection on 26 April 2017. The practice is now rated as good for providing well-led services.

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 the waiting areas and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff; however the policies had no review dates and some had not been tailored to suit the practice. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice held quarterly staff meetings with all staff where they discussed general staff issues and updates.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions, however had no formal system to monitor the implementation of medicines and safety alerts and had no failsafe thermometer installed in the fridges.

Leadership and culture

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 partners were visible in the practice and staff told us 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 supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- We found that learning was embedded in the culture of the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. During the inspection we spoke to one member of the PPG. The practice had an active PPG with six members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG felt that some of the suggestions they made were not acted on and felt that the PPG should be led by patients and not by the management.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The provider had made improvements in all the areas where issues were identified in the inspection on January 2015 and we saw evidence to support this.

The practice informed us that its list size increased by approximately 500 patients in the last few months due to the closure of two local practices; the practice had reviewed its appointment system many times to ensure it meets the demand.