

Holmwood Corner Surgery

Quality Report

Holmwood Corner Surgery
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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 Practic

We carried out an announced comprehensive inspection at Holmwood Corner Surgery on 15 November 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a named GP; however, following

some negative feedback about accessing the practice by telephone, the practice had reviewed their phone and appointments system and made changes to improve access; they were awaiting the release of further patient satisfaction data following these improvements in order to establish whether the problem had been resolved. There was continuity of care, with urgent appointments available the same day.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw three areas of outstanding practice:

The practice had a lower than expected rate of unplanned hospital admission, which was achieved as a result of their approach to collaborative working and tailoring their service to meet the needs of the population. They held fortnightly multi-disciplinary team (MDT) meetings which were attended by all GPs, practice

Summary of findings

nurses, district nurses, the palliative care nurse, health visitors and social workers, but also held six-weekly enhanced MDT meetings, which included a consultant psychiatrist, consultant geriatrician, Head of Social Care from the local authority, and representative from a local support charity for elderly people. The practice's arrangements for working collaboratively with the MDT were being used by the CCG as a model for other practices in the locality. They also ensured that all patients received the care they needed, for example, by providing home visits by nurses to deliver long-term condition reviews.

The practice had a large proportion of Korean patients and worked closely with several organisations to develop the services provided to these patients. One of the GPs, who spoke Korean, worked with the local council to provide information sessions to members of the local Korean population, for example, sessions were provided to people who had recently moved to the UK about how the health system works and how to access health services, and topical sessions on subjects such as winter health. This GP had founded the Korean UK Medical Association, an organisation aimed at bringing together and providing mentorship to Korean speaking doctors in the UK to allow them to effectively serve the Korean community. The practice provided consultations in Korean and had written information available in Korean, such as information about fasting for blood tests and invitations to attend for cervical screening.

The practice had introduced an intranet system which had a messaging and announcement facility and was linked to the patient records system. This system was used extensively by both clinical and non-clinical staff for passing messages relating to specific patients and the practice generally, for asking clinical questions and seeking views of colleagues, and for disseminating information to staff.

The areas where the provider should make improvement are:

- Continue to monitor patient feedback to ensure changes made to the service are effective
- Review how patients with caring responsibilities are identified to ensure that these patients can be provided with information, advice and support.
- Ensure that arrangements are in place to record action taken in response to safety alerts and updates.
- Review their recruitment policy to ensure that it accurately reflects their recruitment arrangements.
- Review and address areas where their exception reporting rate is above average.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a system in place to ensure that medicines updates and safety alerts were acted on; however, they did not have a central record of action taken.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Overall, risks to patients were assessed and well managed; however, the practice had not conducted a formal infection control audit in the past 12 months.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average; however, there were some areas where their exception reporting rate was higher than average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had acted as a pilot site for several new CCG services, such as their Avoiding Unplanned Admissions initiative where the practice's model of multi-disciplinary working was rolled-out to other practices in the CCG.
- Feedback from patients about the availability of appointments was mixed, with some saying that they found it difficult to get through to the practice by phone. Following the results of the GP Patient Survey, the practice had looked closely at this issue and consulted with practices locally and with patients and the Patient Participation Group for ideas about improvements they could make to the appointments system. Improvements to the system had been implemented, and the practice was awaiting data to analyse the impact of this. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings with minutes which were made available to all staff including those who did not attend.
- 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 which all staff took responsibility for.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice actively encouraged feedback from staff and patients, and worked with neighbouring practices to share ideas and good practice; for example, following negative feedback from patients about the appointments system, the practice conducted a full analysis of the system to identify areas for improvement, and then visited other local practices to learn from the way their system was structured, before introducing changes.
- Staff at the practice worked with external organisations to improve patient care for both their own patients and the wider community. For example, work was being done as part of the local federation to improve joint working between health and social care services, and one of the GPs was involved in initiatives to improve access to services for Korean patients.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had a higher than CCG average proportion of older people and a higher than average proportion of these patients lived independently. The practice used an enhanced model of multi-disciplinary working and as a result had a lower proportion of unplanned admission to hospital than would be expected.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had patients living in several local nursing homes; they provided a weekly ward round to one home where the majority of residents were their patients, and visited residents in the other homes when needed.
- The practice's Patient Participation Group provided a volunteer-run transport service to and from the practice for people who found it difficult to attend independently.

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.
- Nurses visited patients at home to carry out long-term condition reviews for those who were unable to attend the surgery. Approximately 40 patients received an annual review in their own home per year, and nursing staff also visited these patients in between reviews when needed.
- Overall, performance for diabetes related indicators was better than the Clinical Commissioning Group and national average. The practice achieved 100% of the total Quality and Outcomes Framework points available, compared with an average of 98% locally and 95% nationally.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 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.
- Cervical screening had been carried out for 92% of women registered at the practice aged 25-64, which was above the Clinical Commissioning Group average of 83% and national average of 82%; their exception rate for this area was 15%, compared to a CCG average of 11% and national average of 7%; however, the practice explained that they sent up to three letters, including information leaflets, to patients who had not booked a cervical screening appointment following the two letters sent centrally (including letters in written in Korean where appropriate), and they were therefore confident that patients who were excepted did not wish to participate in screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided extended appointments for new mothers when they attended with their babies for the new baby check, as this allowed the opportunity to fully assess the health and wellbeing of new mothers.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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. They had introduced social media accounts to help facilitate interaction with younger patients.
- The practice had consulted with its patients about the times of day that would be most convenient for them to attend appointments and had structured its extended hours appointments accordingly, including offering appointments on Saturday mornings.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had 79 patients registered who were either asylum seekers or refugees, and a high proportion of these patients were North Korean. A local refugee charity directed these patients to register at the practice due to their specialist knowledge and provision for Korean-speakers.
- The practice had a large proportion of Korean patients and provided translated written information for these patients, such as information about fasting for blood tests and invitations to attend for cervical screening. One of the GPs provided consultations in Korean and also provided talks to members of the local Korean population who had recently moved to the UK about how the health system works and how to access health services.
- The practice was one of four practices in the Clinical Commissioning Group who had volunteered to temporarily register patients who were travellers, should the need arise.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Outstanding



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

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

- The practice had 80 patients diagnosed with dementia and 73% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was below the Clinical Commissioning Group (CCG) and national average of 84%.
- The practice had 157 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 97% of these patients, compared to a CCG average of 96% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. They were part of a pilot which explored improved ways to refer patients to mental health services.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy-eight survey forms were distributed and 112 were returned. This represented approximately 1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 69% and national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 78%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Patients commented that all staff were professional and treated them with kindness and respect. Comments on nine of the cards stated that it could sometimes be difficult to get through to the practice on the phone and to access appointments with certain doctors.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients said that it could sometimes be difficult to get a pre-booked appointment but that they were always seen in an emergency.

Holmwood Corner Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, a Practice manager specialist advisor, and an Expert by Experience.

Background to Holmwood Corner Surgery

Holmwood Corner Surgery provides primary medical services in New Malden to approximately 12,500 patients and is one of 23 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 13%, which is higher than the CCG average of 12%; and for older people the practice value is 14%, which is higher than the CCG average of 13%. The age range of the practice's patients largely follows the same pattern as the local average. Of patients registered with the practice, the largest group by ethnicity are white (79%), followed by Asian (13%), mixed (4%), black (2%) and other non-white ethnic groups (2%).

The practice operates from a three-storey purpose built premises. A small amount of car parking is available at the practice, and there is space to park in the surrounding streets. The reception desk, main waiting area, three treatment rooms and three consultation rooms are situated on the ground floor. An additional waiting area

and six further consultation rooms are on the first floor, which is accessible via both stairs and a lift. The second floor is for administration and includes a staff kitchen and dining room and a meeting room.

The practice team at the surgery is made up of one part time female GP and two full time female GPs, one part time male GP and three full time male GPs; these are all GP partners. In addition, one part time female salaried GP is employed by the practice. The practice is a training practice and has two less than full time trainee GPs placed with them. In total 61 GP sessions are available per week and an additional 10 sessions are provided by the two GP Registrars. The practice also employs four part time female nurses and two part time healthcare assistants. The clinical team are supported by a practice manager, deputy practice manager, two secretaries, five administrators, eight receptionists and an apprentice receptionist.

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

The practice is open between 8:30am and 6:30pm Monday to Friday and from 9am to 10:30am on Saturdays.

Appointments are from 8.30am to 11.30am every morning apart from Friday when appointments start at 8:50am and Saturday when appointments are available from 9am to 10:30am. Afternoon appointments are available from 4pm to 6pm on Mondays, 3pm to 7:30pm on Tuesdays and Thursdays, 2pm to 5:30pm on Wednesdays and 3pm to 6pm on Fridays, and 2:30pm to 6pm every afternoon. Extended hours surgeries are offered on Tuesday and Thursday evenings and Saturday mornings.

When the practice is closed patients are directed to contact the local out of hours service.

Detailed findings

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager, receptionists and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events, and this included recording positive events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analyses of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a member of staff suffered a needle stick injury, practice staff were reminded of the procedure of disposing of needles, and further training was provided to the member of staff affected.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the last formal audit was completed in August 2015, and therefore the re-audit was overdue.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local 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 in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient Specific Directions (PSDs) were in place to allow the healthcare assistant to administer medicines. (PSDs

Are services safe?

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 saw examples of these.

- We reviewed five personnel files and found that in most cases appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice's recruitment policy did not state which checks would be conducted prior to employment; however, we were told by the practice that they would take two references, and that they conducted DBS checks on all clinical staff prior to employment. In the case of non-clinical staff, they told us that they would apply for these checks once the staff member had completed their probationary period, and that before that time the member of staff would not act as a chaperone or be left alone with a patient.

Monitoring risks to patients

Overall, 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff we spoke to provided evidence of action they had taken following receipt of recent safety alerts; however, the practice did not keep a centralised log of alerts received and the action they had taken.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. Their exception reporting rate was higher than local and national averages at 14% (Clinical Commissioning Group average 11% and national average 10%), in particular for asthma, depression and mental health indicators. (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 were better than the Clinical Commissioning Group (CCG) and national averages. The practice achieved 100% of the total QOF points available, compared with an average of 96% locally and 90% nationally.
- The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 88%, which was better than the CCG average of 81% and national average of 78%.

- The proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 84%, compared to a CCG average of 83% and national average of 78%.
- The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 91% (CCG average 90% and national average 88%).
- The proportion of patients with asthma who had received a review in the preceding 12 months was 82%, compared to a CCG average of 75% and national average of 72%; however, their exception reporting rate for this indicator was 37%, compared to a CCG average of 7% and national average of 8%.
- The practice had 80 patients diagnosed with dementia and 73% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG and national average of 84%.
- The practice had 157 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 97% of these patients, compared to a CCG average of 96% and national average of 89%. However, their exception reporting rate for this indicator was 17%, which was higher than the CCG average of 12% and national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits carried out in the last two years, eight of these were completed audit cycles where improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit had been undertaken to check that patients at the practice with a diagnosis of atrial fibrillation were prescribed anti-coagulation medication if appropriate. The initial audit found that of the 193 patients on the atrial fibrillation register, 122 (63%) were prescribed medication. Following this audit, notes for those patients who were not being prescribed medication were reviewed, and 40 patients were found to not require any further intervention. Twenty four patients whose condition required further review were then invited to a joint anti-coagulation clinic to discuss treatment options. Following the joint clinics, the practice re-audited their patients and found that 138 patients out of the 188 patients on the atrial fibrillation

Are services effective?

(for example, treatment is effective)

register were being prescribed medication (73%). This audit was presented at one of the practice's clinical meetings and GPs discussed the benefits of anti-coagulation medicines for patients with atrial fibrillation and the need to ensure that this was considered for all relevant patients.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nurses attended workshops run by the Clinical Commissioning Group and local hospital, and were part of a network of practice nurses in the area who shared information with each other. Nurses also shared their knowledge with other clinicians within the practice, for example, they had presented to the clinical educational meeting about new types of asthma treatment following a training session they had attended.
- 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had made their intranet-based messaging system available to community colleagues, which enhanced their ability to share information about patients.

The practice had a patient population with a higher than CCG average proportion of older people (a higher than average proportion of these patients lived independently), and the highest proportion of patients with long-standing health conditions in the CCG (58% of patients compared to a CCG average of 48%; however, their rate of unplanned hospital admission was comparable to the CCG average. The practice had succeeded in preventing hospital admissions as a result of their approach to multi-disciplinary team (MDT) working. They held fortnightly meetings which were attended by all GPs, practice nurses, district nurses, the palliative care nurse, health visitors, social workers, but also held six-weekly enhanced MDT meetings, which included a consultant psychiatrist, consultant geriatrician, Head of Social Care from the local authority, and representative from a local support charity for elderly people. The practice's arrangements for working collaboratively with the MDT were being used by the CCG as a model for other practices in the locality.

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.

Are services effective?

(for example, treatment is effective)

- 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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from the healthcare assistant.

The practice's uptake for the cervical screening programme was 92%, which was comparable to the CCG average of 82% and the national average of 81%; however, their exception reporting rate this area was 15%, compared to a CCG average of 11% and national average of 7%.

The practice explained that this could be partly due to their patient population, many of whom they told us declined cervical screening. The practice explained that they sent up to three letters, including information leaflets, to patients who had not booked a cervical screening appointment

following the two letters sent centrally (including letters in written in Korean where appropriate), and they were therefore confident that patients who were excepted did not wish to participate in screening. The practice also demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed-up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; their uptake for breast cancer screening was 65%, compared to a CCG average of 67% and national average of 72%. Their uptake for bowel cancer screening was 56%, compared to a CCG average of 55% and national average of 58%

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 91% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 37 patient Care Quality Commission comment cards we received were positive about the service experienced; however, some patients said that it could sometimes be difficult to make an appointment. Overall, patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 88%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 90%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 86%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language and we saw notices in the reception areas informing patients this service was available. The practice had a large proportion of Korean patients and provided translated written information for these patients, such as information about fasting for blood tests and invitations to attend for cervical screening
- One of the GPs at the practice spoke Korean and provided consultations in this language for patients who

Are services caring?

needed them. This GP also provided talks in Korean to members of the local Korean population who had recently moved to the UK about how the health system works and how to access health services.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (less than 1% of the practice list), and we were told

that carers were identified opportunistically. The practice provided an open appointment system for carers to allow them to access a GP promptly when they needed to, and staff gave examples of occasions when they had offered further support to patients with caring responsibilities who appeared to be finding it difficult to cope. The practice provided annual reviews for carers, and sign-posted them to support organisations.

Staff told us that if families had suffered bereavement, this information was shared with staff using their internal online message system. The patient's usual GP would contact them, and this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had acted as a pilot site for several new CCG services, such as their Avoiding Unplanned Admissions initiative where the practice's model of multi-disciplinary working was rolled-out to other practices in the CCG.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday evening until 7:30pm and on Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits by both GPs and nurses were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A patient transport service was provided by a group of patients who were long-term members of the Patient Participation Group, which was overseen by the practice. This service provided transport to approximately 10 patients per month who otherwise would find it difficult to attend the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a high proportion of Korean-speaking patients, and provided translated literature, including health promotion information and information about clinical procedures. They also provided consultations in Korean. One of the GPs worked closely with the local authority and the local Korean community to ensure that these patients were well educated about the health system in the UK, and received information about healthy living. For example, presentations were provided to Korean-speaking members of the local community on accessing healthcare and on winter health.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday and from 9am to 10:30am on Saturdays. Appointments were from 8.30am to 11.30am every morning apart from Fridays when appointments started at 8:50am and Saturday when appointments were available from 9am to 10:30am. Afternoon appointments were available from 4pm to 6pm on Mondays, 3pm to 7:30pm on Tuesdays and Thursdays, 2pm to 5:30pm on Wednesdays and 3pm to 6pm on Fridays, and 2:30pm to 6pm every afternoon. Extended hours surgeries were offered on Tuesday and Thursday evenings and Saturday mornings.

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed.

- 76% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 74% and national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

Following publication of these results, the practice had conducted research into their appointments system in order to improve access for patients. They had visited other practices locally to view their appointments system in order to gather ideas, and had consulted with patients and the Patient Participation Group. As a result, the practice had implemented changes to the mix of different types of appointments and to the phone lines, and had advertised this to patients in their practice newsletter. They were awaiting updated results from the GP Patient Survey to assess the effectiveness of these measures.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.

The practice had received seven complaints since April 2016. We looked at a sample of these in detail and found these to be satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- All staff we spoke to knew and understood the values and were able to describe ways in which they demonstrated these within their role.
- The practice had a clear strategy and the partners met annually to specifically discuss the priorities and plans for the year ahead. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable, and included piloting and leading on initiatives benefitting the whole CCG.
- Staff at the practice were committed to supporting the wider primary care service in the area; for example, partners held leadership roles in the local Clinical Commissioning Group (CCG), GP Federation and Practice Manager's forum. They had piloted several new services and their governance arrangements had been used as a model for CCG-wide initiatives, such as their clinical educational meetings.

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.
- A programme of staff meetings was in place, which included weekly clinical meetings, fortnightly multi-disciplinary team meetings, and quarterly clinical education meetings which incorporated educational sessions from external speakers and opportunities for staff to share knowledge and expertise. Administrative staff meetings were held approximately every six to eight weeks and were attended by all non-clinical staff, with GPs attending where necessary.
- A comprehensive understanding of the performance of the practice was maintained; however, the practice's high QOF exception reporting rate in some areas required further scrutiny.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- There were high levels of staff satisfaction. Staff told us they were proud of the organisation as a place to work and spoke highly of the culture.
- 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 there was consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns and identify opportunities to improve the service delivered by the practice. We also saw evidence that positive feedback received from patients, such as comments provided via the Friends and Family Test, was shared with staff.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had previously played a very active part in the running of the practice; however, this had reduced recently due to some of the previous members being unable to attend meetings. The remaining members of the PPG still met annually, with additional meetings scheduled where necessary, and the practice had assigned their new deputy practice manager the role of co-ordinating the PPG; members we spoke to were optimistic about the future of the group.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions and staff were able to add agenda items to staff meetings if they wished to discuss something. 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 practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had piloted several services for the CCG; for example, the direct booking of hospital appointments by practice staff, and the introduction of the "Kinesis" system which allowed GPs to directly access specialists in order to request advice.

The practice had a patient population with a higher than CCG average proportion of older people (a higher than average proportion of these patients lived independently), and the highest proportion of patients with long-standing health conditions in the CCG (58% of patients compared to a CCG average of 48%); however, their rate of unplanned hospital admission was comparable to the CCG average. The practice had succeeded in preventing hospital admissions as a result of their approach to

multi-disciplinary team (MDT) working. They held fortnightly meetings which were attended by all GPs, practice nurses, district nurses, the palliative care nurse, health visitors, and social workers. They also held six-weekly enhanced MDT meetings, which included a consultant psychiatrist, consultant geriatrician, Head of Social Care from the local authority, and representative from a local support charity for elderly people. The practice's arrangements for working collaboratively with the MDT were being used by the CCG as a model for other practices in the locality.

The practice provided enhanced care to patients with long-term conditions by way of initiatives that they had introduced; for example, nurses provided home visits to patients with long-term conditions who were housebound, which enabled them to access the necessary annual reviews. The practice also provided an in-house heart failure clinic, where one of the GPs had completed additional training to monitor patients with heart failure; this included providing services such as electrocardiograms and blood testing for these patients.

The practice had introduced an intranet system which had a messaging and announcement facility and was linked to the patient records system. This system was used extensively by both clinical and non-clinical staff for passing messages relating to specific patients and the practice generally, for asking clinical questions and seeking views of colleagues, and for disseminating information to staff. All staff we spoke with highlighted how useful the system was, and all could provide examples relevant to their role of ways in which the system had enhanced communication. The system could also be accessed by visiting district nurses and health visitors, which allowed them to also benefit from the knowledge and information being shared.

Staff at the practice were involved in initiatives to share their knowledge and expertise both locally and nationally. For example, one of the GPs represented the local federation on a project aimed at improving joint working between health and social care services in the locality. One of the GPs was committed to ensuring that the Korean-speaking community received a high quality service from both the practice and from health services nationally.

Are services well-led?

Good 

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

This GP had founded the Korean UK Medical Association, an organisation aimed at bringing together and providing mentorship to Korean speaking doctors in the UK, to allow them to effectively serve the Korean community.