

Kingston Health Centre

Quality Report

10 Skerne Road
Kingston Upon Thames
KT2 5AD

Tel: 020 8549 4747

Website: www.kingstonhealthcentre.nhs.uk

Date of inspection visit: 9 August 2016

Date of publication: 15/11/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

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 Kingston Health Centre on 9 August 2016. Overall the practice is rated as Good.

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

- Overall, risks to patients were assessed and well managed; however, there were some areas where procedures should be more robust. For example, we observed that the room where medicines were kept was not always locked, and there was no process in place for monitoring the expiry dates for Patient Group Directions (the legal paperwork required for some staff to administer medicines); a new process was implemented by the practice immediately after the inspection, and we saw evidence that all necessary legal documents were immediately put in place.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, having identified gaps in the community services commissioned by the CCG, they had successfully campaigned for additional services to be provided, these included the provision of a paediatrician to be part of the eating disorders team in order to address the physical needs of these patients, and for the provision of a complex dressing service for patients with challenging wound care needs.
- Feedback from patients about their care was consistently positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, following feedback from patients they had introduced Saturday morning appointments.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result. Information about making a complaint was available on the practice's website and a complaints leaflet was available; however, there was no poster in the reception area informing patients about how they could complain.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had a flexible approach to appointments; reception staff could over-ride the appointments system where necessary to meet demand and staff felt that clinical staff trusted their judgement on this.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- 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 two areas of outstanding practice:

The practice was proactive in assessing the needs of their patient population and in adapting their service to meet the needs of their patients. For example, they had tailored their service to patients with learning difficulties by producing information in "easy read" for patients with learning difficulties, this included a "friends and family test" questionnaire and a care plan template, which allowed the patient to identify their support needs. They also worked closely with a local charity which supported homeless people, and as a result had developed a reputation for providing good quality and tailored service to these patients; they had registered 48 homeless patients in the past 12 months.

The practice had taken the initiative in several areas to provide services that were not available elsewhere in the locality, which in some cases involved staff undertaking additional training and completing further qualifications. For example, GPs at the practice had completed a diploma in mental health in order to offer an enhanced level of care to patients with mental health needs and to bridge the gap between the demand for counselling for patients with mental health needs and the limited provision available through the local community mental health team (CMHT); in particular, one of the GPs had qualified to offer psychosexual counselling, which was not available via the CMHT, and had provided this service to 31 patients in the past three years, with each patient receiving 6-8 sessions of 45-60 minutes each. This service is entirely funded by the practice and delivered outside of normal clinical hours.

The areas where the provider should make improvement are:

- Ensure that the new system for monitoring the use of PGDs is robust and effective, and ensure that arrangements for the safe storage of medicines are adhered to.
- They should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure that all of these patients are identified so that information, advice and support can be made available to them.
- They should ensure that they are advertising to patients prior to their appointment that chaperones and translation services are available. They should also display information about their complaints procedure in the patient waiting area.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Information about safety was highly valued and was used to promote learning and improvement.
- Overall, risks to patients were assessed and well managed; however, the arrangements for the secure storage of medicines were not robust.

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.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. In addition, the practice had created their own internal guidance for areas where the external guidance was insufficient or out dated.
- 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. The

Good



Summary of findings

partners had also undertaken additional training to meet the needs of patients in areas where there was insufficient provision locally; for example, one of the partners had trained to be able to provide psychosexual counselling.

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, they invited consultants from a local hospital to attend to provide training on specialisms such as dermatology, gastroenterology, ophthalmology and hypertension and invited neighbouring practices to attend these sessions.

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.
- 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; however, the practice had not advertised the availability of chaperones, or the translation service in the waiting area.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, they had a large number of homeless patients registered; they had developed an information pack tailored to the needs of these patients, and worked with local charities to support them. They had also introduced a scheme to encourage Hepatitis B and C testing for patients who had recently moved to the UK from countries with a high prevalence of these conditions.
- The practice was also the only practice in the CCG to have achieved Kingston Integrated Sexual Health accreditation, which recognised excellence in sexual health provision. As part of this service they provided HIV testing, which was provided as a walk-in service and was provided to all, regardless of whether they were registered as a patient at the practice, the uptake was on average 20 patients per month.

Good



Summary of findings

- 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 identified the need for the CCG to commission specialist wound care provision, and successfully made a case to the CCG for this to be provided.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. GPs reviewed the allocation of appointments daily to ensure that demand was met.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice produced their own patient information leaflets relating to areas relevant to their patients, and in reaction to current events, such as the zika virus. They provided leaflets, and their “Friends and Family Test” form in easy read format for patients with learning disabilities.
- The practice had introduced designated members of staff to provide training to patients on how to use their IT services for booking appointments and requesting prescriptions. They provided around 15 face to face sessions and 25-30 telephone support sessions per month.
- The practice provided information sessions for patients on topics such as treating minor ailments in children, managing back pain, mindfulness, support available for carers, and managing stress (an evening session aimed at commuters). They also hosted an annual “Jingle Mingle” mince-pie party for patients. These sessions were also used as an opportunity to tell patients about the PPG and to encourage patients to become members or to sign up for the virtual PPG.
- Information about how to complain was available and easy to understand, however, there was no poster about the complaints process in the waiting area. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as outstanding 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.

Outstanding



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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles. The practice recorded positive events as part of their significant event reporting, which highlighted areas that staff had excelled in.
- 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.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff said that they felt that the partners respected their opinions, and that their roles were tailored to reflect their skills and interests. The practice had gathered information from staff about their skills and special interests, and was developing each individual's job role to reflect this. For example, one of their receptionists had expressed an interest in promoting sexual health, and had therefore been trained to administer HIV tests.
- 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; for example, they had started opening on Saturday mornings in response to patient feedback. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. The practice had taken the initiative in several areas to provide services that were not available elsewhere in the locality, which in some cases involved staff undertaking additional training and completing further qualifications. For example, GPs at the practice had completed a diploma in mental health in order to offer an enhanced level of care to patients with mental health needs and to bridge the gap between the demand for counselling for patients with mental health needs and the limited provision available through the local community mental health team (CMHT); in particular, one of the GPs had qualified to offer psychosexual counselling, which was not available via the CMHT. The practice also invited consultants from a local hospital to attend to give talks to staff on specialist areas to ensure that they were kept up to date on current research and treatments available.

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. For example, the practice had designated members of staff to provide training to patients on how to use their IT services for booking appointments and requesting prescriptions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice liaised with community services such as district nurses, the local rapid response team, and palliative care team to provide a complete package of care to these patients.

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.
- GPs at the practice had special clinical interests in areas such as diabetes, dermatology and cardiology.
- Performance for diabetes related indicators were mixed compared to CCG and national averages. Overall the practice achieved 83% of the total QOF points available, compared with an average of 92% locally and 89% nationally. Their exception reporting rate for diabetes related indicators was 12%, which was comparable to the CCG average of 13% and national average of 11%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 81% of women registered at the practice aged 25-64, which was comparable to the CCG average of 83% and national average of 82%.
- The practice was approved by the 'You're Welcome' scheme (a quality criteria for young people friendly health services).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. In response to patient feedback, the practice had begun providing a Saturday morning clinic for pre-booked appointments. Comments received via the CQC comment cards noted that patients found it easy to access early morning appointments, which allowed them to arrive at work on time.
- 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 was a registered travel clinic, and also accredited by the Kingston Integrated Sexual Health scheme to provide a comprehensive sexual health service, including contraceptive implants, a fast-track contraception service and immediate HIV testing for any individual regardless of whether they were registered at the practice. "On the spot" HIV testing was provided to an average of 20 patients per month.
- The practice sent appointment reminders and results by text message.

Good



Summary of findings

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. They had registered 48 homeless patients in the past 12 months, and worked closely with local charities to support these patients.
- The practice offered longer appointments for patients with a learning disability. The practice conducted annual reviews of their patients with learning disabilities; they had 14 patients on their learning disability register and had completed reviews of seven of these patients in the past 12 months. They had created an “easy read” template to help these patients to understand the care package that was in place for them.
- 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. They had also created their own patient information leaflets for vulnerable patients. They had an information pack for homeless patients which was given to them when they registered at the practice. They had also produced several leaflets and forms in “easy read” for the benefit of patients with learning disabilities and those who did not speak English as a first language.
- 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.

Outstanding



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 32 patients diagnosed with dementia and 90% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 83% and national average of 84%.

Good



Summary of findings

- The practice had 55 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 93% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- GPs at the practice had also completed diplomas in mental health in order to deliver better care to patients with poor mental health, in particular those whose conditions were difficult to manage but did not meet the criteria for hospital treatment. One of the partners had completed training in order to offer psychosexual counselling to patients, which was not available locally.
- 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 and we saw evidence of reception staff putting special arrangements in place to support these patients, for example, they had a system of telephoning some patients with dementia on the day of their appointment to remind them to attend.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. Three hundred and thirty six survey forms were distributed and 121 were returned. This represented 3% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and national average of 73%.
- 63% 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 68% and national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Patients commented that they always received excellent care and that staff are attentive, polite and professional.

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

Kingston Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and Practice Manager specialist advisor.

Background to Kingston Health Centre

Kingston Health Centre provides primary medical services in Kingston to approximately 9500 patients and is one of 26 practices in Kingston Clinical Commissioning Group (CCG). They are a teaching practice for GP registrars.

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 12%, which is the same as the CCG average of 12%, and for older people the practice value is 12%, which is lower than the CCG average of 13%. The practice has a larger proportion of patients aged 25 to 49 years compared to the CCG average, and a smaller proportion of patients aged 50+. Of patients registered with the practice, the largest group by ethnicity are white (76%), followed by asian (13%), mixed (5%), black (2%) and other non-white ethnic groups (4%).

The practice operates from a 3-storey purpose built premises. Car parking is available on in the surrounding streets and in a nearby car park. The entrance is situated on the ground floor, with stairs and a lift to the first floor which has a reception desk for patients wishing to hand in repeat prescription requests and samples, and three consulting rooms which are used by community services, such as midwives and counsellors. There is a further staircase and lift to the second floor, where the main reception desk and

waiting area is situated, along with the consultation rooms, clean and dirty utility rooms, and administrative areas. In total there are two treatment rooms, one nurse consultation room and six GP consultation rooms.

The practice team at the surgery is made up of one full time female GP, one full time male GP and one part time female GP who are partners, and one GP registrar; in total 29 GP sessions are available per week. In addition, the practice also has one female Advanced Nurse Practitioner who provides eight sessions per week, two part time female nurses, and one part time healthcare assistant. The practice team also consists of a practice manager, five reception staff and one administrator.

The practice operates under a General Medical Services (GMS) 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 8am and 6.30pm Monday to Friday and 9am to 12pm on Saturdays. Appointments are from 9am to 6.30pm daily. Extended hours appointments are offered from 7.15am to 8am on Mondays, Thursdays and Fridays, and from 9am to 11.30pm on Saturdays.

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

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.

Detailed findings

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 9 August 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff and receptionists, 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.

- 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 a thorough analysis of the significant events, and where appropriate initiated audits as a result of issues highlighted following incidents. Significant events were discussed in monthly clinical meetings and also in six-monthly dedicated significant event review meetings.

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 a significant event where a patient was misdiagnosed, the practice took appropriate steps to ensure that the member of staff involved had received appropriate training, and introduced additional safeguards to ensure that a similar incident could not reoccur.

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; we saw feedback from a child protection panel which commended the practice for the quality of the report they provided. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses were trained to level 2 and administrative staff were trained to level 1.

- Notices in the consultation rooms advised patients that chaperones were available if required; however, there was no notice about this in the waiting area. Only clinical staff acted as chaperones, and all 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.
- Overall 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); however, the practice's stock of medicines was not always kept locked. We raised this with the practice during the inspection and they undertook to review their arrangements for storing medicines.
- 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 CCG 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. One of the nurses had qualified as an Independent Prescriber

Are services safe?

and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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); however, we noted that some of these had expired. In light of this, nurses had been using patient specific directions (PSDs) in some cases in order to administer medicines to patients, but this was not always the case (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). The practice manager would pass updated PGDs which had been received from the Clinical Commissioning Group to relevant nursing staff; however, at the time of the inspection there was no protocol in place to monitor that PGDs were up to date. Before the end of the inspection the practice had produced a table listing each PGD used and the expiry date of each so that they could track as these became due for renewal, they also immediately contacted their CCG's medicines management team to ask for advice about renewing PGDs, and following the inspection they provided evidence to show that all documentation was now up to date.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. There was a

health and safety policy available with a poster displayed which identified local health and safety representatives. 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 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. The practice used a local formulary for prescribing medicines. Having identified that this was insufficient in relation to the prescribing of hormone replacement therapy (HRT), the practice had developed their own in-house formulary for prescribing these medicines.
- The practice monitored that these guidelines were followed through audits.

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. The practice's overall clinical exception rate was 9%, which was comparable to the CCG average of 10% and national average of 9%. (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 2014/15 showed:

- Performance for diabetes related indicators were in line with local and national averages. Overall the practice achieved 83% of the total QOF points available, compared with an average of 92% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 74%, which was below the CCG average of 80% 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 75%, compared to a CCG average of 80% and national average of 78%; and the proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 96% (CCG and national average 88%). Overall exception reporting for diabetes related indicators was 12%, which was comparable to the CCG average of 13% and national average of 11%.

- Performance for mental health related indicators was better than the CCG and national averages. The practice had 32 patients diagnosed with dementia and 90% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG of 83% and national average of 84%. Overall exception reporting for dementia related indicators was 3%, which was better than the CCG average of 9% and national average of 8%.
- The practice had 55 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 93% of these patients, compared to a CCG average of 92% and national average of 88%. Overall exception reporting for mental health related indicators was 5%, which was better than the CCG average of 10% and national average of 11%.

There was evidence of quality improvement including clinical audit.

- There had been 17 clinical audits carried out in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had carried-out an audit of the care provided to patients taking medicine for attention deficit hyperactivity disorder (ADHD), to check that these patients were receiving the necessary monitoring. The initial audit found that 33% of patients were not up to date with health checks. Following this audit, the practice discussed the importance of monitoring these patients in a clinical meeting; they also added pop-up alerts to their system to prompt clinicians to check whether checks were due when they saw the patient or received a repeat prescription request from them, and they began to print reminders on patients' prescriptions to encourage them to attend. A follow-up audit found that 22% of patients had not

Are services effective?

(for example, treatment is effective)

attended for the necessary checks, despite the practice contacting them directly to invite them to attend. The practice therefore removed the ADHD medicines from these patients' list of repeat prescriptions so that a prescription for the medicine could not be accidentally issued without the patient having been reviewed; the practice had also put a plan in place to do further work to ensure that the patients understood the importance of their health being monitored, and had scheduled a further review of this area.

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

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. Nursing staff had attended specific training on areas such as wound management, cervical screening, spirometry and ear syringing. The practice distributed relevant medicines alerts and updates, and subscribed to a number of relevant journals, which were made available to all staff.
- 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. 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, and we saw feedback from a child protection panel which commended the practice for the quality of the information they provided.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The healthcare assistant provided advice on smoking cessation and healthy eating. Healthy eating advice was provided via the Weigh to Go programme, which was initially developed as a course to be delivered on a one to one basis; however, the practice's healthcare assistant recognised that delivering group sessions would be more effective, as patients were encouraged to support and learn from each other. The course was delivered five times a year and consisted of 10 sessions, for up to 25 patients at a time. The practice's healthcare assistant has been recognised by the CCG for her success in delivering the programme. This course was previously funded by the CCG, but funding had recently been cut; however, due to the success of the programme, the practice had decided to continue to deliver it and to fund it themselves.
- The practice conducted annual reviews of their patients with learning disabilities, and had created an "easy read" template to help these patients to understand the care package that was in place for them.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of

83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. A record was made of all samples sent for testing as part of the cervical screening programme, and this was used to check that results were received for every sample sent. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for these tests was comparable with CCG and national averages; however, the proportion of patients attending for breast cancer screening within the target timescale was below average at 35%, compared to a CCG average of 67% and national average of 73%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% (national averages ranged from 87% to 96%) and five year olds from 82% to 97% (national averages ranged from 84% to 96%).

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, and there was a sign informing patients that this was available.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two 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. Satisfaction scores for the practice were in line with local and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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 CCG average of 83% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 84% 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 85%.

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; however, there was no notice in the reception areas informing patients this service was available.
- Information leaflets and care plan templates were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 64 patients as carers, which represented less than 1% of the practice list. The practice had designated a member of reception staff to be a carers' liaison worker, whose role was to ensure that

carers were sign-posted to the appropriate avenues of support. They had also arranged events for carers where Kingston Carer's Network were invited to give talks on the support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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, having identified gaps in the community services commissioned by the CCG, they had successfully campaigned for additional services to be provided, these included the provision of a paediatrician to be part of the eating disorders team in order to address the physical needs of these patients, and for the provision of a complex dressing service for patients with challenging wound care needs.

- The practice offered a 'Commuter's Clinic' on Monday, Thursday, Friday and 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 were available for older patients and patients who had clinical needs which resulted in difficulty attending 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, and the practice was a registered yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had built strong links with a local charity which provided support to homeless people, and ensured that the service they provided was accessible to homeless patients and met their needs. For example, they had produced an information leaflet for their homeless patients which was given to them when they registered and contained information about the arrangements for ensuring that homeless patients received letters from healthcare providers, and contact details for local support organisations. As a result, the practice had developed a good reputation amongst the local homeless population and was where the majority of these patients chose to register. The practice had registered 48 homeless patients in the past 12 months.

- The practice provided a comprehensive package of sexual health services including HIV testing. Having seen evidence that a significant proportion of patients who request an HIV test wanted it done then and there, and that if they had to make an appointment and return at later date, many failed to attend, the practice trained one of the reception staff to carry-out HIV testing to ensure that it could be carried out as a walk-in service. This service was available to all, regardless of whether they were a patient registered with the practice and was provided to approximately 20 patients per month.
- The practice had identified that they had a significant proportion of patients who were new to the UK and that a high proportion of these patients had come from countries with a high prevalence of Hepatitis B and C. In order to encourage testing amongst these patients, they had initially tried writing to relevant patients to encourage them to attend for screening, but had a 0% response to this. They therefore began to run educational sessions on the process and benefits of screening, displayed posters in reception, and actively contacted patients by telephone to invite them to attend for screening shortly after registering; this combined approach increased the uptake to 30%.
- The practice had designated members of staff to provide training to patients on how to use their IT services for booking appointments and requesting prescriptions. They provided around 15 face to face sessions and 25-30 telephone support sessions per month.
- The practice provided information sessions for patients on topics such as treating minor ailments in children, managing back pain, mindfulness, support available for carers, and managing stress (an evening session aimed at commuters). They also hosted an annual "Jingle Mingle" mince-pie party for patients. These sessions were also used as an opportunity to tell patients about the PPG and to encourage patients to become members or to sign up for the virtual PPG.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and 9am to 12pm on Saturdays. Appointments were from 9am to 6.30pm daily. Extended hours appointments were offered from 7.15am to 8am on Mondays, Thursdays and Fridays, and from 9am to 11.30pm

Are services responsive to people's needs?

(for example, to feedback?)

on Saturdays. 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.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 89% 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%.

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.

Requests for home visits were recorded by the reception team and passed to a doctor who called the patient to assess whether a home visit was necessary. 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.
- Information was available to help patients understand the complaints system, for example, the process was explained in the practice leaflet and there was a separate complaints leaflet; however, this was not displayed in the waiting area.

We looked in detail at two complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way, 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. For example, a complaint was received from a patient following an incident where a child had accessed a clinical waste bin on the practice premises. In response to this incident, the practice apologised to the parents and arranged for the child to be urgently tested to reassure them that no contamination had occurred. They also removed the bin in question and educated staff about the correct safety equipment to use to prevent clinical waste from being accessed. This incident was also recorded as a significant event.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice's vision and ethos was well embedded and shared by all staff.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust 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 and 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. These included fortnightly administrative team meetings, weekly and monthly clinical meetings, and six-monthly significant event meetings and partnership meetings. All of these meetings were minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice had taken on apprentices from a local college to work in administrative roles, and had put in place a comprehensive support structure for these members of staff. One of their apprentices had graduated from the scheme as "most improved apprentice of the year". Several of the apprentices who had been placed with the practice had gone on to be employed by them after graduating from the scheme.
- Staff were clear that the safety and wellbeing of patients was the practice's priority, and staff at all levels were encouraged to be alert to patients' needs. Reception staff explained that if they had any concerns about a patient, particularly those who were elderly or vulnerable, they would alert one of the GPs, and staff commented that in these situations they felt that their opinion was respected by clinical staff and that their concerns were acted on. This was evidenced by a significant event where reception staff alerted doctors to a patient with dementia who they had noted had become increasingly confused, and clinical staff acted on this information.
- 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. For example, reception staff had

Are services well-led?

Outstanding



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

identified that there were certain vulnerable patients who often missed appointments; in response to this, they introduced a process of telephoning these patients prior to their appointment to remind them to attend.

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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had asked the PPG for ideas for the patient health information talks that they were planning. The practice was conscious that their PPG lacked representation from people of working age, and they were therefore in the process of recruiting to a virtual PPG. They also used the scheduled health information talks for patients to promote the PPG. In response to feedback from patients, the practice had also introduced extended hours nurse appointments, additional phlebotomy sessions, and a fast-track contraceptive pill service.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had gathered information from staff about their skills and special interests, and was developing each individual's job role to reflect this. For example, one of their receptionists had expressed an interest in promoting sexual health, and had therefore been trained to administer HIV tests.
- Staff told us they felt involved and engaged to improve how the practice was run, and we were told that partners actively encouraged them by highlighting positive feedback from patients. The practice recorded positive events as part of their significant event reporting, which highlighted areas that staff had excelled in. For example, a significant event was

recorded where a member of reception staff had walked an elderly patient home, having become aware that the patient was nervous about walking home alone in the dark.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had been at the forefront of several initiatives to improve service provision for patients in the area. For example, they had successfully campaigned for the a paediatrician to be part of the eating disorders team, and for the provision of a complex dressing service for patients with challenging wound care needs. They were also involved in presenting a business case to have a peri-natal mental health team based in the community in order to support women with postnatal depression.

The practice had taken the initiative in several areas to provide services that were not available elsewhere in the locality, which in some cases involved staff undertaking additional training and completing further qualifications. For example, GPs at the practice had completed a diploma in mental health in order to offer an enhanced level of care to patients with mental health needs and to bridge the gap between the demand for counselling for patients with mental health needs and the limited provision available through the local community mental health team (CMHT); in particular, one of the GPs had qualified to offer psychosexual counselling, which was not available via the CMHT. The practice also invited consultants from a local hospital to attend to give talks to staff on specialist areas to ensure that they were kept up to date on current research and treatments available.

The practice was also the only practice in the CCG to have achieved Kingston Integrated Sexual Health accreditation, which recognised excellence in sexual health provision. As part of this service they provided HIV testing, and having seen evidence that a significant proportion of patients who requested an HIV test wanted it done then and there, and that if they had to make an appointment and return at later date, many failed to attend, the practice trained one of the reception staff to carry-out HIV testing to ensure that it could be carried out as and when required. This service was provided to all, regardless of whether they were registered as a patient at the practice, and the uptake was on average 20 patients per month.

Are services well-led?

Outstanding



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

The practice was proactive in assessing the needs of their patient population and in adapting their service to meet the needs of their patients. This included producing appropriate resources for their patients. For example:

- The practice had a significant number of homeless patients, and worked with local charities in order to ensure that these patients were supported. They had produced an information leaflet for their homeless patients which was given to them when they registered and contained information on support services relevant to these patients.
- The practice had also identified that they had a significant proportion of patients who were new to the UK, many of whom had come from countries with a high prevalence of Hepatitis B and C. The practice encouraged these patients to undertake Hepatitis screening by running educational sessions on the

process and benefits of screening, displaying posters in reception, and actively contacting patients by telephone to invite them to attend. Since introducing these measures there had been an increase in uptake of screening by 30%.

- The practice was committed to ensuring that they provided a welcoming and safe environment to younger patients, and was approved by the “You’re Welcome” scheme (a quality criteria for young people friendly health services).
- The practice had produced its own resources for patients, such as information leaflets relating to current events, such as the zika virus. They had also produced information in “easy read” for patients with learning difficulties, this included a “friends and family test” questionnaire and a care plan template, which allowed the patient to identify their support needs.