

# Brocklebank Group Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Brocklebank Group Practice on 6 October 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.

- 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 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 one area of outstanding practice;

- The practice had policies and procedures in place to monitor patients who had appointments in the acute and emergency care system and followed up missed appointments. This included following up patients who had not attended outpatient appointments, guiding patients through their patient journey when faced with cancer diagnosis, and the following up of patients not attending appointments for their dementia care.

The areas where the provider should make improvement are:

# Summary of findings

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

**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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 local and national 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.
- 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.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 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.

## Are services well-led?

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

Outstanding



- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice provided flexible services which were adapted to meet the needs of patients, particularly patients in vulnerable circumstances.
- 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.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns.
- The practice proactively sought feedback from staff and patients and had a very engaged patient participation group.
- The leadership drives continuous improvement and staff are accountable for delivering change.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All older people had a named GP responsible for their care.
- Older people who met the criteria had their health and social care needs managed under the clinical commissioning group (CCG) planning all care together (PACT) scheme.
- Older patients discharged from hospital were followed up by their GP within 24 hours of the practice receiving notification.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review of their health, medicine and social care needs, managed under the clinical commissioning group (CCG) planning all care together (PACT) scheme.
- 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.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Good



# Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practice locally and nationally for all standard childhood immunisations offered.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with other agencies including health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Online services included electronic consultations and telephone consultations were also available.

Good



## 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, travellers and those recently released from the prison system.
- The practice offered longer appointments for patients with a learning disability, with patients at risk of developing disease or hospital admission managed under the clinical commissioning group (CCG) planning all care together (PACT) scheme.
- 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

- The practice had policies and procedures in place to monitor patients who had appointments in the acute and emergency care system. This included following up patients who had not attended outpatient appointments, guiding patients through their patient journey when faced with cancer diagnosis, and the following up of patients not attending appointments for their dementia care.
- 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).

- Performance for mental health related indicators was comparable to the local clinical commissioning group (CCG) average and the national average.
- 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, with dementia patients being guided through the care system, including following up on missed appointments and rebooking missed appointments.
- 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 above national averages. Three hundred and thirteen survey forms were distributed and one hundred were returned. This represented 1% of the practice's patient list.

- 78% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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 37 comment cards which were all positive about the standard of care received. Comments included that all staff were friendly and helpful, kind, caring and professional, but also highlighted individual clinicians and reception staff.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recently available NHS friends and family test data showed that 97% of patients would recommend the practice to a friend or family member.

# Brocklebank Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Brocklebank Group Practice

Brocklebank Group Practice provides primary medical services in Wandsworth to approximately 17,000 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Wandsworth has 50% more 20 to 40 year olds, but 33% fewer older people than other south west London boroughs, reflected in the patient demographics for the practice with 7% of patients aged 65 or over, 70% of patients aged 18-65 years old and 23% aged 18 or younger.

The practice population is in the fourth less deprived decile, with income deprivation affecting children and adults comparable to local and national averages.

The practice operates from a purpose built facility, the Brocklebank Health Centre, which is shared with a wide range of community services including ante-natal, post-natal and community midwifery services, audiology, dentistry, physiotherapy and psychiatry services, and an out of hours GP service.

Practice patient facilities are on the ground floor which is wheelchair accessible throughout. There are nine consultation rooms, six treatment rooms, a meeting room, practice management offices and a shared reception and waiting area. There are shared staff facilities and shared accessible facilities for patients with baby changing and breast feeding areas available.

The practice team at the surgery is made up of eight part time GP partners, seven part time salaried GPs, one part time regular locum GP and one part time GP registrar. Eight of the GPs are male and nine GPs are female. Together the GPs provide 89 clinical sessions per week. The practice employs three full time and three part time female practice nurses, one part time female health care assistant, and two full time female phlebotomists. The non-clinical team consists of one business manager, one practice manager and fourteen administrative and clerical staff.

The practice opens between 8.10am and 6.30pm Monday to Friday. Telephone lines are operational between the hours of 8.10am and 6.30pm Monday to Friday. Appointments are available during three sessions daily. Extended hours are available on Monday, Tuesday and Thursday evenings from 6.30pm until 8.00pm and on a Wednesday and Friday evening from 6.30pm until 7.00pm. The practice also opens on Saturday mornings between 8.30am and 11.30pm for pre booked appointments.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.10am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

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

# Detailed findings

The practice has not previously been inspected by CQC.

## 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 6 October 2016. During our visit we:

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

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, the practice recorded an incident whereby a patient was referred for a service under outdated guidelines downloaded from the practice computer system. The new guidelines were available but had not been circulated or updated on the practice computer system. The practice reviewed the incident and discussed it a practice meeting, putting in place actions including assigning responsibility for upkeep and maintenance of the computer system to secretaries. A further review found that old guidelines had been removed into an archive file and all latest versions of guidelines were available.

### 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 and deputy 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 were trained to child protection or child safeguarding level 3, nurses to level 2 and non-clinical staff 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.
- 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 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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber. (PGDs are

# Are services safe?

written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, 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 in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills through the building management company. 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, 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 and alert system on all the practice computers, including those in consultation and treatment rooms and reception, which alerted staff to any emergency. This alert system was tested weekly.
- 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. A duty of reception staff for the end of the day was to print off the next day's appointment list and other important information in preparation for any unforeseen computer outage.

# 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 monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 98% of the total number of points available, compared to the local clinical commissioning group (CCG) average of 94% and the national average of 95%. There was an overall exception reporting rate of 10%, compared to the CCG average of 7% and the national average of 10% (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 2015/2016 showed:

Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c (a specific blood sugar level test) is 64 mmol/mol or less in the preceding 12 months was 73% compared to the CCG average of 73% and the national average of 78%.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 73% (CCG 73%, national 78%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 73% (CCG 75%, national 80%).

Performance for mental health related indicators was comparable to the local clinical commissioning group (CCG) average and the national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% compared to the CCG average of 89% and the national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 88% (CCG 89%, national 89%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 79% (CCG 90%, national 84%).

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, national benchmarking, peer review and research.
- There had been eight clinical audits undertaken in the 2015/2016 financial year, four of these were completed audits where the improvements made were implemented and monitored. For example:
- The practice carried out audits to find out if lipids (fatty acids in the blood such as Cholesterol) were being measured and tested at the correct intervals, in line with guidelines for the prevention of cardio vascular disease (CVD) In the first audit cycle, the practice found that lipid testing and retesting intervals were in line with guidelines in 53% (16 out of 30) of cases. The results were discussed and shared with clinicians and an action plan was put in place to improve this figure, including



# Are services effective?

## (for example, treatment is effective)

sharing of local and national guidelines. In the second audit cycle 12 months later, the practice saw an improvement in guideline adherence to 80% (24 out of 30).

- The practice also carried out an audit of short acting Beta2 agonists, a medicine used in inhalers by patients with asthma. High use of this medicine is an indicator of potential poor inhaler technique and improving inhaler technique can reduce the use of this medicine and benefit the patient by enabling them to better manage their condition. In the first audit cycle, the practice identified 50 patients who were all high users of their inhaler (more than three times per week). These patients were called in for a clinical review including inhaler technique. The practice found that six patients had good inhaler technique, 28 patients had moderate technique and 16 patients had poor technique. The patients were given advice and information for them to improve their technique and better manage their condition and were reviewed in three months. The second audit cycle, involving 46 of the original 50 patients, showed that 50% of patients were now considered high users, with 30 patients using their inhaler three times a week or less. Inhaler technique had improved with 28 patients having good technique, 12 moderate and six poor. The practice discussed the findings with clinical and non-clinical staff and put in place measures including an assessment of inhaler technique in all annual asthma reviews, and engagement with local pharmacists to assess and support good inhaler technique.

### 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, training had been undertaken in spirometry, a technique used to diagnose and monitor a range of respiratory illnesses including chronic obstructive pulmonary disease (COPD).

- 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, in-house training and external 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.

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.

# Are services effective?

## (for example, treatment is effective)

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

### 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 cessation. Patients were signposted to the relevant service.
- Diet, lifestyle and smoking cessation advice was available on the premises, with additional support services available in the community.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 81%. There was a policy to

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages, information for those with a learning disability and they ensured 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.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for two year olds averaged 88% compared to the national average of 90%. For patients aged five years old, immunisation rates for the measles mumps and rubella (MMR) vaccine were 91% for the first dose (CCG 88%, national 94%) and 81% for dose two (CCG 82%, national 88%).

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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with performance in this area in line with local and national averages. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and 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:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the 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. We saw notices in the reception areas informing patients this service was available and we saw evidence that the practice was a high user of telephone translation services compared to other practices locally.

## Are services caring?

- The practice website was able to be translated into a full range of languages using an internet based service.
- Information leaflets were available in easy read format and in languages other than English.

### **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 38 patients as carers (0.2% of the practice list). The practice were aware of

their low numbers of carers on their registered and had put in place a system for identifying new patients who were also carers, but recognised the need to develop a better system for identifying existing carers. The practice offered carers additional support within the CCG lead planning all care together (PACT) scheme. This included an annual health assessment, influenza vaccine and signposting to the various avenues of support available to them. The practice also provided written information for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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, the practice held daily phlebotomy clinics for patients who would otherwise have to attend hospital or another venue for blood testing.

- The practice offered extended hours appointments on a Monday to Friday evening, and Saturday mornings predominantly aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and other vulnerable or at risk patients identified through the CCG planning all care together (PACT) scheme. This scheme offered an annual health and social wellbeing review for up to 40 minutes with a GP and was linked to other health and social care providers to produce a holistic care plan.
- 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.
- Telephone consultations and electronic consultations were available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice had a duty GP system and all staff knew who the duty GP was and their responsibilities. There was an 'overflow' system for the duty GP; if their workload increased beyond a predefined safe level, they would call on other clinicians to support them by assigning tasks in the practice computer system.
- The practice had policies and procedures in place to monitor patients who had appointments in the acute and emergency care system and followed up missed appointments. This included following up patients who

had not attended outpatient appointments, guiding patients through their patient journey when faced with cancer diagnosis, and the following up of patients not attending appointments for their dementia care.

### Access to the service

The practice was open between 8.10am and 6.30pm Monday to Friday. Telephone lines were operational between the hours of 8.10am and 6.30pm Monday to Friday. Appointments were available during two sessions daily. Extended hours were available on Monday, Tuesday and Thursday evenings from 6.30pm until 8.00pm and on a Wednesday and Friday evening from 6.30pm until 7.00pm. The practice was also open on Saturday mornings between 8.30am and 11.30pm for pre booked appointments. 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 the national average.

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients said they could get through easily to the practice by phone compared to the 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.

The practice facilitated a locality wide Rapid Response Visiting (RRV) service. Patients requiring home visits were triaged through the service by a GP within 15 minutes of their request. A duty GP would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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. Where a home visit was necessary, this was organised and conducted within two

# Are services responsive to people's needs?

(for example, to feedback?)

hours. This service was paid for by the practice and other practices using the service. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice held over 600 telephone consultations per week. These were bookable in advance but were predominantly used on the day. Patients requesting a telephone consultation had a ring back from either their own GP or the duty GP usually within an hour but always within the same appointment session, either morning or afternoon. There were no limits to the number of telephone consultations as the practice had an 'overflow' system for the duty GP where other staff would assist managing the workload. The practice found that this system helped improve continuity of care for patients, freed up appointments or saved appointments from routine or administrative issues and helped to lower hospital accident and emergency department (A&E) attendance where patients who couldn't get an appointment to see a GP may have gone to A&E for assistance.

The practice also offered electronic consultations via their website. Patients go through an online triage process to see if their issue can be dealt with electronically rather than face to face or via telephone. The practice facilitated around 28 consultations per week and saved on average 16 appointments.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters, leaflets and information on the practice website.

We looked at 25 complaints received in the last 12 months and found these were 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. For example, there was one written complaint about the telephone system and multiple recorded verbal complaints. The practice responded to written and verbal complaints with an explanation of how the automated telephone queuing system works. The practice were also able to give individual patients statistics including how long they have been waiting, call volumes and number of lines in use. The practice also responded by putting in place an overflow system whereby calls were cascaded to other staff who would suspend their own duties to support call taking during busy times.

# 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 with quality and safety as its top priority.

- The practice had a clear mission statement, vision and values which were displayed in the practice. Staff we spoke with on the day were engaged and aware of their responsibilities to fulfil the vision and knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored and reviewed.

### 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, and those of their colleagues.
- Practice specific policies were implemented, monitored and reviewed and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and used to drive improvement.
- 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. Risk management included both internal and external risk factors.

### 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. We saw evidence of weekly, clinical and non-clinical practice meetings including agendas, minutes and action plans which were available to all staff. Meeting minutes we reviewed showed that meetings were structured, detailed and well attended.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, or at any other time if necessary, and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- We noted the practice held regular social gatherings, team building events and staff rewards for hard work and achievements. For example, the practice provides lunch for staff, attends a local quiz event every three months, and holds an annual social football event. All staff were invited and encouraged to participate. Staff told us the events were well attended and that they felt appreciated and valued.
- The practice also recognised the stressful nature of the job and engaged with their occupational health provider to provide stress management support which all staff had access to.

# Are services well-led?

Outstanding



(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 met regularly, with guest speakers organised between the PPG and the practice discussing current issues and areas for improvement. The PPG submitted proposals for improvements to the practice management team. For example, the practice and PPG collaborated to provide a regular Citizens Advice Bureau (CAB) representative in the practice and advertised this for patients. This was in response to the practice discussing with the PPG some of the reasons people made GP appointments, including for social welfare issues. The practice had installed a machine in the reception area so that patients can check their own blood pressure, height and weight before attending appointments, saving time during appointments and providing an additional service for patients to monitor their own health. The practice produced posters for the reception area, highlighting the cost to the NHS of appointments not being kept by patients. This led to a reduction in the number of appointments not being attended and an increase in cancellations and rebooking's, freeing appointments for other patients.
- The practice had gathered feedback from staff generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The leadership drives continuous improvement and staff are accountable for delivering change. The practice took pride in its role as a teaching practice for medical students and training practice for GP registrars and we saw that learning was embedded in the organisation. The practice had a large number of educators amongst clinical staff who trained, supervised and supported medical students, physician associates, GP registrars and nurses.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, including local pathology improvement programmes and action to reduce hospital accident and emergency department attendances, both of which had positive outcomes for improving services and reducing costs.

The practice were heavily involved in the local Clinical Commissioning Group, with clinical lead roles in clinical quality, children's services, cardiovascular disease, mental health, referral management, respiratory diseases and sexual health. This work reflected in high performance levels in these areas and positive outcomes for patients.

Safe innovation is celebrated and there is a clear proactive approach to seeking out and embedding new ways of providing care and treatment, including the electronic consultation service which allowed patients to access care quickly, safely and efficiently.