

Abbey Wood Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Abbey Wood Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Abbey Wood Surgery on 2 December 2014. The overall rating for the practice was good. The full report of this inspection can be found by selecting the 'all reports' link for Abbey Wood Surgery on our website at www.cqc.org.uk.

On 25 October 2017 a second announced comprehensive inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was still meeting the legal requirements of the regulations. Overall the practice is still 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. However,

the system in place for monitoring uncollected prescriptions did not ensure that all prescriptions were reviewed prior to destruction to ensure follow-up was carried out where appropriate.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed that some patients did not feel listened to or involved in decisions about their care.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- An interpreting service was available for patients who required it, however, there were no signs in the reception area informing patients this service was available.
- Patients we spoke with said they were usually able to make an appointment with a named GP and there were urgent appointments available the same day. However, results from the GP Patient Survey, and feedback from patients we spoke to, suggested that patients often had to wait more than 20 minutes after their appointment time to be seen.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had identified only 61 patients as carers (0.8% of the practice list).
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, some PGDs required updating and signing by relevant staff.

There were areas where the provider should make improvements.

- The provider should ensure all Patient Group Directions are in date and signed by all relevant staff.

- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- The provider should review the results of patient surveys in order to identify and implement the necessary action required to improve patient satisfaction.
- The provider should display a sign in the reception area informing patients that interpreting services are available.
- The provider should review the repeat prescribing procedure to ensure that all uncollected prescriptions are reviewed prior to destruction to ensure follow-up is carried out where appropriate.

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.

Good



- We found there was an effective system for reporting and recording significant events.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, some PGDs required updating and signing by all relevant staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for all indicators were comparable to the local and national averages.
- The overall clinical Exception Reporting rate was comparable to the local and national average.
- Staff we spoke to were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

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

Requires improvement



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of consultations with GPs and nurses and they did not feel involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this information to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions.
- Patients we spoke with said they were usually able to make an appointment with a named GP and there were urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and 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 good for being well-led.

Good



- 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.
- An overarching governance framework supported the delivery of the strategy and good quality care.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- Staff had received induction, an annual performance review and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty.
- The practice had systems in place to action safety incidents, share the information with staff and ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Summary of findings

- There was a focus on continuous learning and improvement at all levels.

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.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care and involved patients in planning and making decisions.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance rate for the Quality and Outcomes Framework (QOF) indicators related to long-term conditions were above or comparable to the local and national averages.
- The practice followed up patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met.
- For those patients with complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The GPs, practice nurses and practice manager had undergone Year of Care (YoC) training. (YoC is about improving care for people with long-term conditions by supporting them to self-manage their condition).

Summary of findings

Families, children and young people

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

Good



- There were systems to identify and follow up children living in vulnerable circumstances who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Uptake rates for childhood immunisations were comparable to the CCG average but below the national target.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group in the provision of ante-natal and post-natal care and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

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

Good



- The needs of this population group had been identified and the practice ensured the services it offered were accessible, flexible and offered continuity of care.
- Extended opening hours appointments were available on three evenings a week.
- The practice was proactive in offering online services. Patients could use online services to order repeat prescriptions, book and cancel appointments and view a summary of their medical records.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients where required.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we interviewed knew how to recognise signs of abuse in children and adults. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

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 carried out advance care planning for patients living with dementia.
- The practice considered the physical health needs of patients with poor mental health and dementia. 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 81% and national average of 84%.
- 95% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 84% and national average of 89%.
- The practice monitored repeat prescribing for patients receiving medicines for mental health needs. However, prescriptions were not reviewed prior to destruction to ensure follow-up was carried out where appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients about how they could access various support groups and voluntary organisations.
- Staff we interviewed 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 published in July 2017 showed the practice was performing in line with the local clinical commissioning group (CCG) and national averages for general patient satisfaction. 345 survey forms were distributed and 103 were returned. This represented a response rate of 30% (1.3% of the practice's patient list).

- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and national average of 85%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 77% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 74% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. However, three cards also included negative comments regarding the length of time patients have to wait after their appointment time.

We spoke with 19 patients during the inspection. Only one patient said they were dissatisfied with the care they received. All other patients said they thought staff were approachable, committed and caring and would recommend the surgery to others.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- July 2017 (450 patients surveyed – 84 responses) – 87% of patients were likely to recommend the practice.
- August 2017 (435 patients surveyed – 91 responses) – 87% of patients were likely to recommend the practice.
- September 2017 (396 patients surveyed – 87 responses) – 79% of patients were likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The provider should ensure all Patient Group Directions are in date and signed by all relevant staff.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.
- The provider should review the results of patient surveys in order to identify and implement the necessary action required to improve patient satisfaction.
- The provider should display a sign in the reception area informing patients that interpreting services are available.
- The provider should review the repeat prescribing procedure to ensure that all uncollected prescriptions are reviewed prior to destruction to ensure follow-up is carried out where appropriate.

Abbey Wood Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to Abbey Wood Surgery

Abbey Wood Surgery is based in a two storey converted residential property in Abbey Wood in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

The property has been extended and converted for the sole use as a surgery. The ground floor accommodation includes eight consulting/treatment rooms; a reception desk with large office area at the rear and a waiting area. A meeting room, administration offices and staff amenities are on the first floor. Access to the upper floor is by security key pad.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are locally agreed agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts).

The service is registered with the CQC as a Partnership, providing the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury; surgical procedures and diagnostic and screening procedures.

The practice has almost 8000 registered patients. The practice age distribution is similar to the national average

with a slightly higher than average number of patients in the 5 to 9 year age group. The surgery is based in an area with a deprivation score of 3 out of 10 (with 1 being the most deprived and 10 being the least deprived).

The surgery is a training practice usually providing placements for one GP Registrar each year. (A GP Registrar is a qualified doctor training to become a GP). One of the partners is a GP trainer.

GP services are provided by the two GP partners, male and female (1.75 wte); one full-time salaried GP and one GP registrar.

Two part-time locum nurse practitioners provide a minimum of 7.5 hours a week with variable hours worked in addition to this.

Clinical services are also provided by two part-time practice nurses (1 wte) and one part-time Health Care Assistant.

Administrative services are provided by the Practice Manager (1 wte), practice secretary (1 wte) and eight administration/reception staff (5.5 wte).

The surgery reception is open between 8am and 6.30pm Monday to Friday. During the period of extended hours on Tuesday, Thursday and Friday between 6.30pm and 7.30pm the entry bell is used by patients to gain access to the premises. The surgery is closed at weekends.

Appointments are available with a GP from 8.30am to 12.30pm and 1pm to 5.30pm on Monday; from 8.30am to 12.30pm, 1pm to 5.30pm and 6.30 to 7.30pm on Tuesday; from 9am to 12.30pm and 3pm to 6pm on Wednesday; from 9am to 12.30pm, 4pm to 6pm and 6.30 to 7.30pm on Thursday and from 8.30am to 12.30pm, 3pm to 5.30pm and 6.30pm to 7.30pm on Friday.

Detailed findings

Appointments are available with a nurse practitioner (bookable on the day only) from 1pm to 4pm on Monday; from 5.30pm to 7.30pm on Tuesday and from 5.30pm to 7.30pm on Friday.

Extended hours appointments are also provided by the local GP Alliance Hub service. These appointments are available between 4pm and 8pm Monday to Friday and from 8am to 8pm Saturday and Sunday. Appointments must be booked through the surgery. The service is staffed by GPs from the practices who are members of the alliance and full access to GP electronic records is available for all consultations.

Appointments are available with a practice nurse from 9.30am to midday and 3.30pm to 6pm on Monday; from 9.30am to midday and 1.30pm to 5.30pm on Tuesday; from midday to 6.30pm on Wednesday; from 1pm to 5pm on Thursday and from 10am to 12.30pm and 4.30pm to 5.30pm on Friday. The practice nurses also hold a child health surveillance clinic on Monday from 1pm to 2.30pm; an Asthma clinic on Friday from 1.30pm to 4pm and a diabetes clinic on Tuesday from 1pm to 3pm.

Appointments are available with the health care assistant (HCA) from 9.30am to 11am and 1.30pm to 2.30pm on Tuesday and from 9.30am to midday on Thursday. The HCA also holds smoking cessation clinics two days a week.

A minor surgery clinic is held once a month on a Thursday afternoon.

When the surgery is closed urgent GP services are available via NHS 111.

Why we carried out this inspection

We previously carried out an announced comprehensive inspection of this location on 2 December 2014. The overall rating at that inspection was good and the ratings for the safe, effective, caring, responsive and well-led key questions were good. The full report for this inspection can be found by selecting the 'all reports' link for Abbey Wood Surgery on our website at www.cqc.org.uk.

We carried out a this comprehensive inspection of the service on 25 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check whether

the provider is still 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 25 October 2017.

During our visit we:

- Spoke with a range of staff including the GP Partners, the Practice Manager and reception/administration staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Reviewed a sample of the personal care records of patients.
- Reviewed comment cards where patients had shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Detailed findings

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Lessons were shared to make sure action was taken to improve safety in the practice.
- Staff told us they would inform the practice manager of any incidents and there was an electronic recording form available. 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).
- The practice had one incident recorded in the previous 12 months. From the documented example we reviewed we found that the practice carried out a thorough analysis of the significant event to identify action required by the practice. We saw minutes of meetings where the significant event was discussed and saw evidence that lessons were shared and action was taken as appropriate.
- The practice had an appropriate system in place to action patient safety alerts such as those produced by the Medicines & Healthcare Products Regulatory Agency (MHRA).

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. We were told that the GPs attended safeguarding meetings when required and provided reports where necessary for other agencies.
- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had

received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead for the practice and had attended specific training for this role. The practice manager had also attended training and provided support to the practice nurse for this role.
- There was an IPC protocol and staff had received up to date training.
- IPC audits were undertaken every two months 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, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. However, the system in place did not ensure that all uncollected prescriptions were reviewed prior to destruction to ensure follow-up was carried out where appropriate.
- With the support of the local clinical commissioning group pharmacy teams the practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. However, there was no system in place to record batch numbers of prescriptions placed in printers.
- The nurse practitioners had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the GP partners for this extended role.

Are services safe?

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Some PGDs required updating and signing by all relevant staff. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- The practice had a cold chain policy in place but this did not include details of the procedure staff should follow if fridge temperature recordings fell outside of the acceptable range.
- Patient specific directions (PSDs) were used to allow the health care assistant to administer vaccines and medicines. (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 six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan and staff were aware of how to support patients to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure sufficient staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was a 'panic button' on the telephone system in reception and in all consultation and treatment rooms which alerted staff to an emergency.
- The practice mandatory training policy required clinical staff to have basic life support (BLS) training every 18 months. However, immediately following the inspection the practice confirmed that they had altered their policy to include annual BLS training for all staff and had arranged training to update staff the following month.
- The practice did not have a defibrillator available on the premises on the day of the inspection. However, we saw evidence that one had been purchased for the practice and they were awaiting delivery. Training in the use of the defibrillator had been arranged.
- Oxygen with adult and children's masks was available. 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 business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 used by the CQC (2016/17) showed that the practice achieved 99% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 93% and national average of 95%.

The practice exception reporting rate of 8% was similar to the CCG average of 8% and 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).

Data from 2016/17 showed this practice was not an outlier for any QOF indicators. Data showed performance for all indicators was above or comparable to the local and national average. For example,

- Performance for diabetes related indicators of 94% was above the CCG average of 85% and national average of 91%.
- Performance for mental health related indicators of 100% was above the CCG average of 88% and national average of 94%.

There was evidence of quality improvement including clinical audit. There had been four completed clinical

audits carried out in the last two years where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, action was taken following the result of an initial audit carried out to ensure prescribing of pregabalin was safe, appropriate and in line with current evidence based guidelines. (Pregabalin is a medicine used to treat epilepsy, neuropathic pain, fibromyalgia and generalized anxiety disorder). Improvements in prescribing included:

- A reduction in the number of patients receiving the medicine from 42 to 32 patients
- A reduction in the number of patients prescribed the medicine for unlicensed use from 33 to 7 patients
- A reduction in the number of patients where dose was optimised from 29 to 17 patients.

Effective staffing

The evidence we reviewed showed that staff had the skills and knowledge 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 staff reviewing patients with long-term conditions additional specific training had been undertaken.
- 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 stayed up to date with changes to the immunisation programmes by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals 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, meetings, mentoring, appraisal and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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. 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. Quarterly meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of patients, including those who may be vulnerable because of their circumstances.

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 assessment of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the patient's capacity was assessed and the outcome of the assessment recorded in the patient record.

- Written consent was obtained and retained in patient records for minor surgery and ear syringing.

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 offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average and national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by telephoning patients who did not attend to remind them of its importance. The practice ensured a female sample taker was available and there were systems in place to ensure results were received for all samples sent for testing and the practice followed up women who were referred as a result of abnormal results.

The practice attendance rate for the national screening programmes for bowel and breast cancer were in line with local averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to the CCG average but below the national target. For example, rates for the vaccines given to under two year olds ranged from 75% to 85% and five year olds from 76% to 85%.

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 checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 24 patient Care Quality Commission comment cards we received were positive about the care received. 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 19 patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the most recently published national GP patient survey (July 2017) showed patients rated the practice below the clinical commissioning group (CCG) and national average for some satisfaction scores regarding consultations with GPs and nurses. For example:

- 72% of patients said the GP was good at listening to them compared with the CCG average of 86% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 70% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.

- 76% of patients said the nurse was good at listening to them compared with the CCG average of 86% and the national average of 91%.
- 82% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The provider was not aware of the recent survey results and had therefore not identified the necessary action required to improve patient satisfaction.

Care planning and involvement in decisions about care and treatment

Patients we spoke to told us they felt involved in decision making about their care and treatment and 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. However, results from the national GP patient survey suggested that patients did not feel involved in planning and making decisions about their care and treatment. Satisfaction rates published in July 2017 were below the local and national averages. For example:

- 74% 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%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 78% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 90%.

Are services caring?

- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The practice were not aware of the results of the current GP patient survey. However, when discussed at the inspection they informed us they would review the results to identify necessary improvements.

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

- Interpreting services were available for patients who did not have English as a first language. Staff told us this service was used frequently, however, there were no signs in the reception area informing patients this service was available.
- Information leaflets were available on various health related topics.

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 support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (0.8% of the practice list). Information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

We were told that if families had experienced bereavement, their usual GP or nurse contacted the family. A double appointment would be offered and advice and information on how to access a support service was available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Tuesday, Thursday and Friday evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or patients that required them, such as patients who required an interpreter.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require a same day consultation.
- The practice sent text message reminders for appointments.
- Patients were able to receive travel vaccines available on the NHS. Patients were directed to other clinics for those only available privately.
- There were accessible facilities available, which included a hearing loop and wheelchair accessible toilet. However, the reception desk was not accessible to patients in a wheelchair and the automatic entry door was not working. The provider was aware of this and aimed to address these issues as part of the planned premises improvements. Appropriate interim action was taken by reception staff whilst awaiting changes to be made.
- Interpreting services were available and staff informed us they were used frequently.
- Patient information leaflets on display in the waiting area were approved and supplied by the local CCG.

Access to the service

The surgery reception was open between 8am and 6.30pm Monday to Friday.

Appointments were available with a GP between 8.30am and 5.30pm on Monday; between 8.30am and 7.30pm on Tuesday; between 9am and 6pm on Wednesday; between 9am and 7.30pm on Thursday and between 8.30am and 7.30pm on Friday.

A minor surgery clinic was held once a month on a Thursday afternoon.

Nurse Practitioner appointments were available from 1pm to 4pm on Monday; from 5.30pm to 7.30pm on Tuesday and from 5.30pm to 7.30pm on Friday. All appointments were available to book on the day only.

Appointments were available daily with a practice nurse and weekly clinics were held for child health surveillance and the management of asthma and diabetes.

The health care assistant held smoking cessation clinics two days a week and general appointments were available on two days a week.

Extended hours appointments are also provided by the local GP Alliance Hub service. These appointments were available weekday evenings and weekends. Appointments were booked through the surgery. The service was staffed by GPs from the practices who were members of the alliance and full access to the patient's own GP electronic records was available for consultations.

Results from the 2017 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the local clinical commissioning group (CCG) and national averages.

- 72% of patients were satisfied with the practice's opening hours compared with the CCG average of 75% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 76%.
- 91% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 84%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 76% and the national average of 81%.
- 76% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 36% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them but some patients told us they often had to wait more than 20 minutes after their appointment time to be seen.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The GP telephoned the patient or carer 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. 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 a system for handling complaints and concerns.

- The 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 such as a poster displayed in the waiting room.

We looked at the two complaints received in the last 12 months and found these were satisfactorily handled in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, a patient had complained that they had been seen in the surgery with symptoms of a respiratory tract infection and some days later attended accident and emergency where they were prescribed antibiotics for a chest infection. The consultation entry in the patient's notes was comprehensive and included the negative examination findings and appropriate safety netting was documented. GPs were however reminded to ensure that this information was discussed with patients before they left the surgery to ensure they understood the reasons for the decisions made and the action to take if the condition worsened.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were aware of and supported these values. The practice had a clear strategy and 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 good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and available to staff. These were updated and reviewed regularly.
- A comprehensive understanding of the clinical performance of the practice was maintained. Practice meetings were held quarterly which provided an opportunity for all staff to attend and learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings that opportunity was provided for lessons to be learned and shared following significant events and complaints.

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 took the time to listen to all members of staff.

The provider was aware of and had systems 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 for staff when communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems 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.

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

- The practice held and minuted quarterly multi-disciplinary meetings attended by district nurses, health visitors, palliative care team and representatives from specialist teams where appropriate. These meetings were used to monitor vulnerable patients and families and to discuss safeguarding concerns.
- Staff told us the practice held regular team meetings which were held quarterly and were attended by all staff.
- 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. Minutes of meetings were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported by the partners in the practice. Staff were involved in discussions about how to develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered.

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

The practice encouraged and valued feedback from patients and staff.

- The practice proactively sought feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and assisted with patient surveys. They informed us they had submitted proposals for improvements to the practice management team which had been actioned. For example, an increase in evening appointments, improvements in the patient information displays and increased seating in the waiting area.
- The results of the monthly NHS Friends and Family test were reviewed and areas for improvement identified.

Are services well-led?

Good 

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

- Complaints and compliments were discussed and investigated where appropriate.
- Staff told us they would not hesitate to give feedback and discuss concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. One of the partners was due to commence the GP trainers course and the partners had plans to extend the premises to enable them to take additional GP registrars.