

# Cheam Family Practice: The Knoll

## Quality Report

The Knoll  
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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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cheam Family Practice visiting both the practice and branch site on 16 February 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.
- Most risks to patients were assessed and well managed with the exception of thorough recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients were very satisfied with the level of service received. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had adequate 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.

**The areas where the provider must make improvements are:**

# Summary of findings

- Ensure that appropriate recruitment checks are undertaken and recorded prior to employment for all staff.

## **In addition the provider should:**

- Improve systems for management and monitoring of risks, specifically those associated with medicines stored in the refrigerators at both practice sites, those for monitoring cleaning at both sites and systems for regular fire drills and evacuation at the branch practice.
- Improve the practice systems for managing, monitoring and improving outcomes for diabetic patients.
- Improve recording of minutes for multidisciplinary team meetings to ensure patients are monitored effectively.
- Improve the information available in patient waiting areas for carers and about the complaints process.
- Ensure that lessons learnt and actions from complaints are clearly documented and cascaded to relevant staff.
- Consider improving accessibility in the patient toilet at the Gander Green Lane site for patients with restricted mobility.

**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 requires improvement 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- There were systems in place for the management and monitoring of risks, however some risks were not fully assured including those associated with recruitment checks.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were mixed. Data for diabetic patients was below local and national averages but the practice were in line with averages for other outcomes.
- The practice were in line with averages for a range of screening and immunisation data.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs, however detailed minutes of these meetings were not kept.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

**Good**



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 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.

## 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. For example, the practice provided a shared care clinic for substance misuse for CCG patients.
- 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 in a 'one urgent problem clinic' run at both practice sites.
- The practice had good facilities and was well equipped to treat patients and meet their needs, although not all areas were fully accessible for patients with restricted mobility.
- Information about how to complain was available in the form of leaflets on request, although there was limited information displayed in the waiting areas.
- Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff, although learning points were not always recorded clearly.

## 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was evidence of 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



- 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.
- The practice provided twice-weekly lunch clinics for older people at The Knoll practice site.
- The practice provided services to six nursing homes. One of these homes had re-located residents to new location out of the area, however the practice continued to provide medical services to their known patients for continuity of care.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mostly above averages.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the national average at 69% for 2014/15.

### 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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP, however not all patients had been offered a structured annual review to check their health and medicines needs were being met.
- Performance for diabetes related indicators was below Clinical Commissioning Group (CCG) and national averages. For example, the number of patients who had received an annual review for diabetes was 62% which was significantly below the CCG average of 86% and national average of 88%.
- The percentage of diabetic patients who had received the flu vaccination in 2014/15 was 86%, which was below Clinical Commissioning Group (CCG) and national averages.

# Summary of findings

- However, the number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% which was above CCG average of 91% and national average of 90%.
- The practice were signed up to the national avoiding unplanned admissions enhanced service, to identify those patients most at risk of admission to hospital. The practice was also signed up to a local initiative to identify those at risk with two or more long-term conditions. The practice provided care plans for these patients.
- 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.
- The practice provided an in-house phlebotomy clinic with a health care assistant, three mornings per week across both sites for practice patients.
- Longer appointments and home visits were available when needed.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined baby checks and postnatal care and a midwife-led antenatal clinic was run weekly at the practice.
- Chlamydia screening and a full range of contraceptive services were provided by GPs and nurses.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%.

Good





# Summary of findings

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

Good



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 offered extended hours every Monday evening at both practice sites, to meet the needs of their working-age population who were not able to attend during normal opening hours.
- The practice provided an in-house phlebotomy clinic with a health care assistant, three mornings per week across both sites for practice patients.
- 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 including smoking cessation in-house and travel vaccinations.

## People whose circumstances may make them vulnerable

Good



The practice is rated as good 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, carers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice was signed up to the enhanced service to offer physical health checks to those patients with learning disabilities and 43 out of 65 patients had received an annual review from the advanced nurse practitioner, which was 66%.
- The practice had identified 101 patients as carers which was 1% of the practice list. They had offered flu immunisations to 81% of carers.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided general medical services to two Her Majesty's Prison (HMP) service sites. A GP visited four mornings per week at one site and five mornings per week at the other prison site.

# Summary of findings

- The practice provided a shared care clinic for substance misuse at the Gander Green Lane site on behalf of the Clinical Commissioning Group (CCG). Practice patients and patients from other practices across the CCG were able to access this service, which included access to methadone prescriptions.
- 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).

- 72% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which was below the Clinical Commissioning Group (CCG) average of 81% and national average of 84%. However, the practice had a high achievement in the CCG area for improving their dementia diagnosis rate, at 70.5% for 2014/15.
- Performance for mental health related indicators was below the CCG and national averages for the number of patients who had received an annual review at 46%; compared with CCG average of 87% and national average of 88%. However data on the inspection day indicated this had improved to 79%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice provided general medical services to two Her Majesty's Prison (HMP) service sites. A large proportion of this work was with patients 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 published on 7 January 2016. The results showed the practice was performing in line or above local and national averages. There were 291 survey forms distributed 114 forms were returned. This was a response rate of 39% and this represented 0.9% of the practice's patient list.

- 89% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 85% and a national average of 85%.
- 86% would recommend the surgery to someone new in the area compared with a CCG average of 79% and a national average of 78%.
- 69% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 49% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.

- 91% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 86% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 52% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 47% feel they don't normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 comment cards which were all positive about the standard of care received. Patients felt that they received an excellent service from GPs and that reception staff were very helpful. Patients felt that staff took the time to listen to them and staff were supportive.

We spoke with 15 patients during the inspection and two members of the Patient Participation Group (PPG). All patients said they were very happy with the care they received and thought staff were approachable, committed and caring. NHS Friends and Family Test results for April 2015 to January 2016 showed that on average 88% of patients would recommend the practice.

# Cheam Family Practice: The Knoll

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Cheam Family Practice: The Knoll

Cheam Family Practice provides primary medical services in Sutton to approximately 12600 patients and is one of 27 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the least deprived decile in England. The practice operates from two sites, the main site is known as The Knoll and there is also a branch practice known as Gander Green Lane. Patients are able to attend either site to receive medical services.

The practice population has a lower than CCG average representation of income deprived children and older people. The practice population of children are slightly below local and national averages, the practice population of those of working age is in line with local and national averages at 69% and the number of older people registered at the practice is in line with local and national averages; 14% of patients are over the age of 65. Of patients registered with the practice, 81% are White or White British, 11% are Asian or Asian British and 3% are Black or Black British. The practice population is varied between the two

sites; The Knoll has a higher proportion of older patients visiting the practice and less evidence of deprivation and the Gander Green Lane site has a higher proportion of families and those living in rented accommodation.

Both practice sites operate from converted residential properties, so some consulting rooms are on the first floor with no lift access. However, patients' toilets and the waiting areas are on the ground floor and are wheelchair accessible. The practice known as The Knoll has access to four doctors' consultation rooms and one nurses' treatment rooms; two of the consultation rooms are on the first floor accessed via stairs. The practice known as Gander Green Lane has access to five doctors' consultation rooms and one nurses' treatment rooms; three of the consultation rooms and the treatment room are on the first floor accessed via stairs.

The practice team at the surgery is led by six partners. There are two male and one female full time GPs who are partners and two male and one female part time GPs who are partners. Three partners are based at The Knoll practice and three partners are based at the Gander Green Lane practice. The GP team is also made up of three female and one male salaried GPs; two are full time and two are part time. The total number of GP sessions per week is 63 across both practice sites. The nursing team consists of a full time female nurse practitioner who is a nurse prescriber, three part time female practice nurses, a part time female locum practice nurse and part time female health care assistant. The non-clinical team includes a practice manager, six administrative staff and 17 reception staff members.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an

# Detailed findings

enhanced level of service provision above what is normally required under the core GP contract). The practice also operates under an Alternative Personal Medical Services (APMS) contract which allows it to provide medical services to two prisons, one of which was not operating at the time of the inspection due to improvement works. The practice is a training practice for trainee GPs and provides teaching to medical students.

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday. Appointments are available between 8.30am and 12pm every morning and 3.30pm and 6pm every afternoon. Extended hours surgeries are offered from 6.30pm to 9.30pm every Monday evening at both practice sites. The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am and directs patients to the out-of-hours provider for Sutton CCG.

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

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 16 February 2016.

During our visit we:

- Visited the main site and the branch site.
- Spoke with a range of staff including GPs, the advanced nurse practitioner, a practice nurse, the practice manager and administrative and reception staff.
- Spoke with 15 patients who used the service and two members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 52 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 significant event forms we viewed required updating to ensure that action and learning points could be clearly recorded.
- The practice had a recorded 32 significant events over the past 12 months including near misses, clinical and non-clinical incidents.
- The practice ensured that significant events and learning points were always discussed in clinical meetings and other meetings where relevant.
- For some significant incidents, it was not always clear what action was taken to prevent the same things from happening again. For example, a number of confidentiality incidents had been recorded.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a review of a patient taking warfarin, the practice realised that the patient's blood clotting levels had not been tested for some time. To ensure patients on high-risk warfarin were more closely monitored, the practice implemented a system of repeat prescriptions to be reauthorized for a maximum of four months and to request patients to inform the practice of their latest blood testing result when they requested their repeat prescription.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We viewed an incident relating to a prescribing error and the practice had provided a letter of apology to the patient.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding Children level 3, nursing staff to at least level 2 and non-clinical staff were training to level 1. Clinical staff had also received training in safeguarding adults.
- 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 check (DBS check). It was practice policy that only nursing staff and health care assistants undertook chaperoning duties. (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 at both practice sites. Monthly cleaning audits were recorded, however daily cleaning records were not kept. 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 although this required updating to include more information. Staff had received up to date infection control 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, monthly checks of the vaccines stored in the refrigerators at both sites were not documented and we noted at The Knoll practice, there were gaps each month in the daily recording logs for refrigerator temperatures. The practice carried out regular



## Are services safe?

medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and found that the practice had not undertaken appropriate recruitment checks prior to employment in all cases. For example, three files had no record of any references and one file had proof that one reference that had been obtained prior to employment. Two files for clinical staff had no assurances that professional indemnity was in place at the time of the inspection, although the practice obtained evidence of this shortly after the inspection. One file for a clinician did not contain adequate photo identification. However, we did see that proof of identification had been adequately checked for the other four staff members and qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been obtained for relevant staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date health and safety risk assessments and actions had been completed. Fire risk assessments had been completed and there was evidence that the practice carried out regular fire drills at the main site, however there were no records of fire drills at the Gander Green Lane branch practice.

- Electrical equipment was checked to ensure the equipment was safe to use shortly after the inspection and we saw evidence to confirm this 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). We noted that the 2013 COSHH risk assessment was due to be reviewed in 2014 and this had not yet been completed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment rooms at both practice sites.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location at the main site however not all staff were aware where they were kept at the branch practice. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks at both practice sites. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for both practice sites to include major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. NICE guidance was discussed in clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

From all medical records we reviewed, the practice was found to be following best practice guidance and patients' needs were effectively assessed with the use of annual review templates. We found that care plans were used for some vulnerable including those with two or more long-term conditions and those at risk of admission to hospital. The practice did not use care plans for all long-term conditions but care plans we viewed were comprehensive.

The GPs, the nurse practitioner and practice nurses had identified roles for leading in long-term conditions such as diabetes, dementia, learning disabilities and chronic obstructive pulmonary disease (COPD).

### 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 85.5% of the total number of points available, with 5.7% exception reporting. (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.) The practice had achieved 90.4% in 2013/14. This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was below Clinical Commissioning Group (CCG) and national averages. For example, 62% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 62% which was significantly below the CCG average of 86% and national average of 88%. Patients with diabetes who had their last blood pressure reading below 140/80 was 50% which was also significantly below CCG average of 75% and national average of 78%. The practice reported that two practice nurses who led in the management of diabetes had left in 2014, who recalled patients for reviews, had contributed to the lower QOF attainment for the previous year. The practice were aware of this and were actively recalling patients for review. Data obtained on the inspection day for the last 12 months indicated that the practice had made a slight improvement with regards to monitoring diabetic patients but were still significantly below averages.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% which was above CCG average of 91% and national average of 90%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, which was above CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above CCG average of 99% and national average of 98%.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 72%. This was below CCG average of 81% and national average of 84%.
- Performance for mental health related indicators was below the CCG and national averages for the number of patients who had received an annual review at 46%; compared with CCG average of 87% and national average of 88%. However data on the inspection day indicated this had improved to 79%.
- The number of patients with dementia who had received annual reviews was 72% which was below the



# Are services effective?

## (for example, treatment is effective)

CCG average of 81% and national average of 84%. However, the practice had a high achievement in the CCG area for improving their dementia diagnosis rate, at 70.5% for 2014/15.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits undertaken in the last three years; three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, action was taken as a result of an atrial fibrillation audit to share recent guidelines with the clinical team and to ensure patients were on the appropriate anticoagulation medicine. After the second cycle of the audit in 2015, the percentage of patients with atrial fibrillation on the appropriate medication had risen from 68% to 83%.
- The practice had also undertaken an audit to monitor the complication rate of specific contraceptive implant services and an audit to monitor patients who attended in-house smoking cessation.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Benchmarking data was discussed at monthly CCG and locality meetings attended by one of the partners and data was shared during monthly clinical meetings and management meetings.

### 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 and these were visible in new staff files. It covered such topics as safeguarding, infection prevention and control, fire safety, basic life support, health and safety and confidentiality.
- All staff received update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Clinical staff had training in the Mental Capacity Act 2005.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff for example, for those reviewing patients with long-term conditions. There was a wide skill mix amongst clinical

staff, including a GPs working with patients in prison services and with substance misuse and GPs and nurses specialising in family planning and women's health. The practice employed an advanced nurse practitioner specialising in respiratory conditions and learning disabilities the nurse practitioner was a nurse prescriber. Staff administering vaccinations, undertaking phlebotomy and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.

- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The practice was registered as a training practice for trainee GPs and provided teaching for medical students.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had effective systems in place to ensure that communications from other services and results were reviewed and actioned in a timely way.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

# Are services effective?

## (for example, treatment is effective)

The practice clinicians met monthly and comprehensive minutes were kept of these meetings, where a range of issues including palliative patients were discussed. Multi-disciplinary team meetings took place on a quarterly basis and were attended by district nursing and palliative care teams. Vulnerable patients, those at risk of hospital admission, accident and emergency attendances and those at the end of life were discussed, however although records of the meetings were kept, the practice did not keep comprehensive minutes to ensure that patients were monitored effectively and action points were addressed. The practice made use of a local system which allowed GPs to communicate directly with hospital specialists. We saw evidence of advice being sought from a neurologist and this was recorded in a patient's record.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those at risk of dementia and those requiring advice on their diet, smoking and patients with learning disabilities. Patients were then signposted to the relevant service.
- Smoking cessation advice was available in-house from a health care assistant. Smoking cessation data for 2015/16 showed that of 25 patients referred in-house, there were currently 10 quitters out of 13 who had completed the course which was 77%.

The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening via posters in the waiting area and recalling those patients who had not attended bowel cancer screening. For the previous three years, 70% of eligible patients had attended breast cancer screening which was above CCG average of 66% and in line with national average of 72%, and 55% of eligible patients had attended bowel cancer screening which in line with CCG average of 56% and national average of 58%. The practice also promoted chlamydia screening in-house.

Childhood immunisation rates for the vaccinations given were above or line with CCG averages. For 2014/15 childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 100% and five year olds from 87% to 92%. Specifically, the practice had achieved 99% for those children under two who had received the five in one vaccine, which was above CCG average of 93%.

Flu vaccination rates for 2014/15 for the over 65s were 69%, and at risk groups 45%. These were below national averages. The percentage of diabetic patients who had received the flu vaccination in 2014/15 was 86%, which was also below CCG and national averages. Patients were invited for flu vaccinations opportunistically, by information on prescription scripts, text message and posters in the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice was signed up to the enhanced service to offer physical health checks to those patients with learning disabilities and 43 out of 65 patients had received an annual review from the advanced nurse practitioner, which was 66%. 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 52 patient Care Quality Commission comment cards we received were highly positive about the service experienced at both sites. Patients said they felt the practice offered an excellent service and they received a high standard of care. Patients reported that staff were professional, caring, polite and helpful and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 15 patients and two members of the Patient Participation Group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

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:

- 89% describe the overall experience as good compared with a Clinical Commissioning Group (CCG) average of 85% and a national average of 85%.
- 92% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 98% said the nurse was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 98% said the nurse gave them enough time compared to the CCG average of 92% and national average of 92%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.

In particular, the survey showed that patients had confidence and trust in GPs and nurses:

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.

### Care planning and involvement in decisions about care and treatment

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

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:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.

## Are services caring?

- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

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

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting rooms at both sites told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 patients as carers which was 1% of the practice list. They had offered flu immunisations to 81% of carers. However, there was limited written information in either of the practice sites to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 had a thorough awareness of their local population. The practice had 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 to ensure they were tailored to patients' needs. For example, the practice provided an in-house phlebotomy clinic with a health care assistant, three mornings per week across both sites for practice patients. The practice provided a shared care clinic for substance misuse at the Gander Green Lane site on behalf of the CCG. Practice patients and patients from other practices across the CCG were able to access this service, which included access to methadone prescriptions.

- The practice were signed up to the national avoiding unplanned admissions enhanced service, to identify those vulnerable patients most at risk of admission to hospital and had developed care plans for these patients. The practice was also signed up to a local service to identify those at risk with two or more long-term conditions. The practice used these registers of patients to ensure that vulnerable patients were able to access care and treatment in a timely way.
- The practice provided services to six nursing homes. One of these homes had re-located residents to new location out of the area, however the practice continued to provide medical services to their known patients for continuity of care.
- The practice provided general medical services to two Her Majesty's Prison (HMP) service sites, one of which was not operating at the time of the inspection due to improvement works. A GP visited four mornings per week at one site and five mornings per week at the other prison site.
- The practice provided combined baby checks and postnatal care and a midwife-led antenatal clinic was run weekly at the practice.
- Chlamydia screening and a full range of contraceptive services were provided by GPs and nurses.
- Patients were able to receive travel vaccinations available on the NHS and those available privately.
- Smoking cessation was provided in-house by the health care assistant.

- The practice offered extended hours every Monday evening at both practice sites, to meet the needs of their working-age population who were not able to attend during normal opening hours.
- The practice provided twice-weekly lunch clinics for older people at The Knoll practice site.
- Home visits were available for older patients and patients who would benefit from these.
- Emergency appointments were available with a GP or the nurse practitioner daily from 11am via the practice's 'one urgent problem clinic' at both sites, for children and those with serious medical conditions. Urgent appointments were also available via telephone triage with a GP.
- There were longer appointments available for vulnerable patients including those requiring translation service and those with a learning disability.
- There were translation services available for those with language barriers and hearing difficulties, and the practice had a hearing loop installed.
- There were some disabled facilities at both sites including automatic doors, however the patient toilet at Gander Green lane did not have handrails. Consulting rooms were available on both ground and first floors. There was no lift access so the practice ensured that patients with limited mobility were always accommodated on the ground floor.

### Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday. Appointments were available between 8.30am and 12pm every morning and 3.30pm and 6pm every afternoon. Extended hours surgeries were offered from 6.30pm to 9.30pm every Monday evening at both practice sites. In addition to pre-bookable appointments that could be booked up to six weeks in advance, same day appointments were also available for people that needed them and emergency appointments were available from 11am in the 'one urgent problem clinic' at both practice sites.

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

- 72% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 74% and national average of 75%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 69% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 86% describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 91% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 52% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 49% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them however some patients reported that appointments could often be delayed.

## 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.
- Complaints were discussed at the practice management meeting monthly and in the staff meeting every eight weeks where applicable.
- Complaints were reviewed by the practice manager and partners annually.
- We saw that there was limited information available to help patients understand the complaints system in waiting areas, however complaints leaflets were able to be requested from reception. The practice had comprehensive information about how to complain on the practice website.

The practice had received 19 complaints in the last 12 months. We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Comprehensive records were kept for each complaint including a summary cover sheet. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care, however there was evidence that this system was not fully robust. For example, a complaint regarding a wrong prescription was discussed in a clinical meeting but the learning points were not clearly recorded.



# 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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission statement reflected a Christian value-based ethos.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice manager had been in post for two months and had written an action plan to address areas for improvement in the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance structures and procedures in place included:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice's shared drive. All staff knew how to locate policies if they needed them.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had identified most risks to patient and staff safety although some risks were not fully assured including those for recruitment checks.
- Procedures for recording incidents and complaints were in place, however actions taken to prevent re-occurrence were not always clearly recorded.
- However, the practice manager had been in post for two months and had written an action plan to address areas that needed improvement in the practice; this plan had already recognised areas of safety and risk that were subsequently identified during the inspection.
- There was a comprehensive understanding of the performance of the practice. Benchmarking data was discussed at monthly Clinical Commissioning Group (CCG) and locality meetings attended by one of the partners and data was shared during monthly clinical meetings and management meetings.

- Clinical and internal audits were used to monitor quality and to make improvements. The practice had an audit plan in place.

### Leadership and culture

The provider was aware of and complied with the requirements of the Duty of Candour. They had a robust policy in place. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partnership was well-established and all partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt very supported by management.

- Staff told us the practice held regular six-weekly team meetings and comprehensive minutes of these were kept.
- 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 in doing so and felt supported if they did.
- Since January 2016 the practice manager had introduced a monthly newsletter for all staff to improve communications in the practice and to alert staff to any changes.
- 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.
- All staff received annual appraisals and personal development plans.

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

# Are services well-led?

Good 

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

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, NHS Friends and Family Test (FFT) comments and complaints received. There was an active PPG of 8 members which met quarterly and 125 virtual PPG members. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in 2014 following a survey the practice website was updated incorporating suggestions from patients. Following a survey, improvements were made to Gander Green Lane practice accessibility including a ramp and automatic door. The PPG had identified priorities to promote the use of online services for appointments to reduce the difficulties patients experienced with getting through on the telephone and to promote the daily 'one urgent problem clinic' so patients were more aware of this service.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The Practice gathered NHS Friends and Family Test information and promoted this via use of electronic tablets in the waiting areas. Results for April 2015 to January 2016 showed that on average 88% of patients would recommend the practice.

## Continuous improvement

There was evidence of continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice provided a shared care clinic for substance misuse at the Gander Green Lane site on behalf of the Clinical Commissioning Group (CCG). Practice patients and patients from other practices across the CCG were able to access this service, which included access to methadone prescriptions. The practice also provided general medical services to two Her Majesty's Prison (HMP) service sites. A GP visited four mornings per week at one site and five mornings per week at the other prison site.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Recruitment procedures were not established and operated effectively enough as thorough pre-employment checks had not been undertaken prior to appointment.</p> <p>This was in breach of regulation 19(2)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |