

# Carlton 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?

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 Carlton Surgery on 25 April 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.

Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they felt the practice offered an excellent service and staff were friendly, caring, approachable, understanding and treated them with dignity and respect.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Conduct a formal risk assessment of window blinds installed with free hanging looped cords to ensure compliance with national guidance and safety alerts issued.
- Review blank prescriptions tracking log to include allocated distribution.
- Consider specialist fire and legionella risk review to assure that all potential hazards are identified and managed.

# Summary of findings

- Maintain a record log of smoke alarm testing and of fire drills performed.
- Review the risk assessment in place for not having an automated external defibrillator (AED) for use in a medical emergency.
- Ensure that all staff attend basic life support training at annual intervals in accordance with national guidance.
- Maintain a record log of when fabric privacy curtains are washed and carpets cleaned.
- Ensure that all staff receive regular appraisals.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.

**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



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a verbal 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 safeguarded patients from abuse.
- Most risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes for diabetes and mental health related indicators were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for clinical staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed the practice was at or above average for its satisfaction scores on consultations with GPs and nurses.
- Patients said they felt the practice offered an excellent service and staff were friendly, caring, approachable, understanding and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. For example, they attended monthly CCG locality meetings to discuss local guidelines and review performance data and compare with other practices.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice did not have ideal facilities as it was not purpose built and space was restricted although it was generally well equipped and adaptations were made to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



## Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff knew and understood the core values that the practice strived to achieve, although there was no documented mission statement.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, although some of these required review.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# 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



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice held monthly multi-disciplinary team meetings to discuss older patients with complex medical needs. They held three monthly meetings with the community palliative care team to discuss patients receiving end of life care and update care plans.
- The practice reviewed older patients at risk of hospital admission and created care plans aimed at reducing this risk, including referral to local integrated community services to support patients at home.
- Home visits were available for patients unable to attend the practice due to illness or immobility.

### People with long term conditions

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

Good



- The practice offered GP and nurse led chronic disease management clinics, for example clinics for diabetes including insulin initiation, coronary heart disease, high blood pressure and chronic obstructive pulmonary disease (COPD) including spirometry. Patients were invited for annual health checks with medication review.
- Phlebotomy and anticoagulation initiation and monitoring were performed in house avoiding the need to for patients to travel to hospital for such services.
- QOF data 2014/15 for indicators relating to chronic disease, such as diabetes and high blood pressure, were at or above local and national averages.
- The practice was proactive in screening patients at risk of developing chronic conditions. Patients identified as at high risk of developing diabetes were monitored yearly and referred to local "Holding off Diabetes" sessions providing advice on diet and exercise.
- The practice held monthly multi-disciplinary team meetings to discuss patients with complex medical needs. They held three monthly meetings with the community palliative care team to discuss patients receiving end of life care and update care plans.

# Summary of findings

- The practice reviewed patients with long-term conditions at risk of hospital admission and created care plans aimed at reducing this risk, including referral to local integrated community services to support patients at home.
- Home visits were available for patients unable to attend the practice due to illness or immobility.

## Families, children and young people

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

- There was a named GP lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- Urgent same day appointments were available for children who were unwell.
- New mothers were sent a letter of congratulations on the birth of the baby along with information on registering the baby with the practice, six week postnatal checks and information on childhood immunisations.
- The practice offered routine ante-natal and post-natal care.
- Childhood immunisations were offered in line with national guidance and uptake rates were at or above local and national averages.
- Family planning and contraceptive services were provided by the practice, including fitting of intra-uterine contraceptive devices. One of the GPs regularly audited insertion of these devices to monitor for any complications.

Good



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

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

- The practice offered 'early-bird surgeries' with pre-bookable appointments with the GP or nurse for patients unable to attend the practice during normal working hours.
- There was the facility to book appointments and request repeat prescriptions online.
- The practice offered travel clinic appointments with the practice nurse for advice and vaccinations.
- New patient and NHS health checks for patients aged 40–74 were available with appropriate follow-up of any abnormalities or risk factors were identified.

Good



# Summary of findings

## 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



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- The practice maintained a list of homeless patients and these patients were provided with additional support, such as signposting to local food banks and housing services. They were able to register with the practice using the practice address to ensure correspondence from other health care services was not missed.
- The practice kept a register of patients with learning disabilities and had recently started offering these patients annual health checks with medication review.

## 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).

Good



- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 84% and national average of 84%.
- QOF data for 2014/15 showed practice performance of mental health related indicators were at or above local and national averages.
- The practice maintained a register of patients experiencing poor mental health and these patients were invited for annual health checks.
- A Primary Care Mental Health Nurse attended the practice monthly to review and support patients transitioned from secondary care to primary care services. Clinical staff were able to directly refer patients to them for review if required.



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty nine survey forms were distributed and 114 were returned. This represented 2.2% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Comments described staff as friendly, attentive, approachable and polite and described the environment as safe, clean and tidy.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice achieved an average 91% satisfaction rate in the NHS Friends and Family Test for the three month period from January 2016 to March 2016.

# Carlton Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

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

## Background to Carlton Surgery

Carlton Surgery is a well-established GP practice situated within the London Borough of Hounslow. The practice lies within the administrative boundaries of NHS Hounslow Clinical Commissioning Group (CCG) and is a member of the Feltham locality GP network.

The practice provides primary medical services to approximately 5,300 patients and holds a Personal Medical Services contract and Directed Enhanced Services contracts. The practice is located in Hounslow Road at the north end of Feltham with good transport links by bus services.

The practice operates from a converted two storey semi-detached property owned by the GP partner. The practice has one consultation room, reception and waiting area on the ground floor of the premises and three consultation rooms and one treatment on the first floor, with stair access. There is wheelchair ramp access to the entrance of the building and toilet facilities for people with disabilities. There are car parking facilities for three vehicles on the practice forecourt with further parking in the surrounding residential area.

The practice population is ethnically diverse and has a higher than the national average number of patients

between 0 and 14 years of age and between 25 and 39 of years of age. There is a lower than the national average number of patients 59 years plus. The practice area is rated in the fifth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services.

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

The practice team includes one male GP partner and three female salaried GPs who all collectively work a total of 21 clinical sessions per week. They are supported by one practice nurse, one locum nurse, a health care assistant, practice manager and six administration staff.

The opening hours are 7.00am to 6.30pm Monday to Friday with the exception of Thursday when it is closed between 12.15pm and 1.45pm. Appointments are offered from 9.00am to 12.00pm and from 3.00pm to 6.00pm Monday, Tuesday, Wednesday, Friday and from 9.00am to 11.00am and 1.45pm to 6.00pm on Thursday. Extended hour appointments are offered in the morning from 7.10am to 7.50am Tuesday to Friday and from 6.30pm to 7.00pm Tuesday evening. The out of hours services are provided by an alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when an antibiotic medicine had been inappropriately prescribed this issue was discussed at the weekly practice meeting and the protocol for prescribing antibiotics was revised and updated. There was a process for the dissemination and discussion of safety alerts received by the practice although actions taken were not clearly documented.

### Overview of safety systems and processes

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

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

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection 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 in most areas. We observed the premises to be generally clean and tidy however, the public toilet was not cleaned to a satisfactory standard as part of the skirting area was stained. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. There was evidence that an internal infection control audit had been undertaken in January 2016 that did not identify any specific concerns. We were told that an external infection control audit had been carried out in 2014 but the practice had not received a report following this, so could not confirm if any actions were identified that needed to be addressed. The practice did not maintain records of when fabric curtains were washed or when carpets were cleaned.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However there was no log kept of blank prescription distribution. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer

# Are services safe?

medicines in line with legislation. (PGD are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

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

## Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing some risks to patient and staff safety. There was a health and safety risk assessment schedule and policy available with a poster in the reception office which identified local health and safety representatives. However, although checks of the premises were carried out we observed that there were free hanging looped cord window blinds in some areas which could pose a potential hazard to young children. There was no alarm in the public toilet for patients who may require assistance.
- The practice had a fire risk assessment which had been conducted internally but there was no external specialist assessment to verify that all fire risks had been considered. The practice did not have a fire alarm but smoke detection alarms were in place on each floor, which we were told were checked regularly. However, they did not maintain records of smoke alarm testing or of fire drills performed. There was evidence that fire extinguishers and equipment had been recently checked and validated. Two members of staff were trained fire marshals. All electrical equipment was checked to ensure they were safe to use and clinical equipment was checked to ensure it was working properly, but it was noted that annual review was due. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. An internal legionella risk assessment had been conducted in April 2014 by the practice manager but there was no external specialist assessment to verify that all risks had been considered. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

The practice had some 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 with the exception of two newly appointed administration staff, had received basic life support training in the last year. However, this training was not completed annually by all members of the practice team. There were emergency medicines available in the treatment room.
- The practice did not have an automated external defibrillator (AED) available for use in a medical emergency but demonstrated that an internal risk assessment had been completed to assess the need. However, we observed the risk assessment to be limited in detail and did not provide a thorough assessment to mitigate the need. The practice had oxygen with adult and children's masks and 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. However, the emergency medicine stock kept excluded some recommended medicines used to manage seizures and low heart rate which the practice said they would review. Following the inspection the practice advised us that these medicines were now in place with the exception of atropine (a medicine to treat slow heart rate) as the practice did not have access to an AED.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of the continuity plan was retained off site by the practice manager, but further copies were not kept by other members of the team.

# 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. New guidelines and updates were regularly discussed at the weekly clinical practice meeting. 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 and audits.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. Clinical exception reporting was 7.5% compared to a CCG rate of 8% and national rate of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages. For example,
  - The percentage of patients with diabetes in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 85% (CCG average 69% and national average 78%).
  - The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 87% (CCG average 74% and national average 78%).

- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 99% (CCG average 94% and national average 94%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less 86% (CCG average 75% and national average 81%).
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% (CCG average 85% and national average 88%).
- Performance for mental health related indicators was comparable to CCG and national averages. For example;
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% (CCG average 88% and national average 88%).
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 96% (CCG average 91% and national average 90%).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, the practice conducted an audit to assess if patients taking the cardiac medicine Amiodarone had their thyroid function checked within the last 12 months in line with best practice guidelines. The first cycle of the audit found some patients had not had their bloods checked and they were invited in for review and blood test. The findings were discussed at the practice meeting to raise awareness of the issue. Subsequent re-audit found all patients on the medicine had appropriate thyroid blood tests completed.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice attended monthly Clinical



# Are services effective?

## (for example, treatment is effective)

Commissioning Group (CCG) meetings with other local practices and reviewed data on prescribing and unplanned admissions to compare and identify areas for improvement. The practice had achieved local targets for antibiotic and anti-inflammatory medicine prescribing.

Information about patients' outcomes was used to make improvements. The practice used a risk stratification tool to identify patients at high risk of hospital admission and invited them for review to create integrated care plans aimed at reducing this risk. Referrals were also made to the local integrated care team to support patients at home with community services when appropriate.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and roles undertaken by the health care assistant.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs. All clinical staff had received an appraisal within the last 12 months. However, appraisals for administration were overdue as they had not been completed for two years. We were told that informal one to one meetings were conducted with administration staff however, these were not documented.

- Staff received training that included: safeguarding, infection control and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals, such as district nurses and social services on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. However, minutes from these meetings were not always formally documented. The practice also held three monthly meetings with the community palliative care team to discuss patients receiving end of life care.

### 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.

# Are services effective?

(for example, treatment is effective)

- Consent for procedures, such as joint injections and insertion of long-term contraceptive devices was documented in the patient's electronic records. There was no evidence that the process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.
- Smoking cessation advice was available at the practice with referrals to local support groups if required.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 68% 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 99% (CCG average 78% to 93%) and five year olds from 89% to 100% (CCG average 61% to 91%).

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- There was a system in place for patients booking an appointment at the reception desk for conditions they may not want to verbalise, through the use of a numbered written list to select from.

All of the 20 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, caring, approachable, understanding and treated them with dignity and respect.

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

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

## Are services caring?

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers (below 1% of the practice list). Carers were offered additional support if required, such as health checks and

signposting to local support services. The practice told us that they pro-actively attempted to identify carers within their patient population. Written information was also available 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 and this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. A clinical representative attended monthly CCG meetings to discuss local guidelines and services and compare performance data on prescribing and admission rates.

- The practice offered 'early-bird surgeries' with pre-bookable appointments with the GP or nurse for patients unable to attend the practice during normal working hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice offered routine antenatal and post natal care. Congratulations cards were sent to new mothers including information on registering their baby, six week post natal check and childhood immunisations.
- A primary mental health worker attended the practice monthly to review and support patients experiencing poor mental health as required.
- The practice did not have ideal facilities as it was not purpose built and space was restricted. However, it was generally well equipped and adaptations were made to treat patients and meet their needs. The practice had plans to extend and upgrade the premises and intended to apply for an NHS England premises improvement grant to fund the project.

### Access to the service

The practice was open between 7.00am to 6.30pm Monday to Friday with the exception of Thursday when it was closed between 12.15pm to 1.45pm. Appointments were from

9.00am to 12.00pm and from 3.00pm to 6.00pm Monday, Tuesday, Wednesday, Friday and from 9.00am to 11.00am and 1.45pm to 6.00pm on Thursday. Extended hour appointments were offered in the morning from 7.10am to 7.50am Tuesday to Friday and from 6.30pm to 7.00pm Tuesday evening. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Bookable telephone consultations were also available daily.

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.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example there was a complaints poster in the waiting room and information was provided in the practice leaflet and on the practice website.

We looked at one complaint received in the last 12 months and found it was handled satisfactorily in a timely manner with openness and transparency. Lessons were learnt from individual concerns and complaints, for example, following a complaint regarding sharing of information the practice confidentiality policy was revised.

# 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 did not have a written mission statement but staff knew and understood the core values that the practice strived to achieve.
- The practice had a robust strategy and supporting business plans which were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, however some of these required review.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The GP partner and management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice had in previous years held team building weekend away days for staff, but now arranged regular social evenings.
- Staff said they felt respected, valued and supported by the management team. All staff were involved in discussions about how to run and develop the practice, and the management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys, suggestions and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had increased privacy around the reception area through the display and use of patient notices. They had utilised the patient call board to enable GPs to advise and apologise to patients when they were running late.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking to improve outcomes for patients in the area. For example, the practice was

influential in changing local policy for the collection of sharp bins from patients when the previous system in place proved not to be effective. The practice raised the issue persistently with the diabetic lead in the CCG until an alternative solution was agreed to improve the situation for patients in the local area. The practice was in the process of succession planning for some staff members due to retire through organisation of training to ensure a seamless handover and transfer of expertise.