

Carshalton Fields 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 Carshalton Fields Surgery on 2 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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

The areas where the provider should make improvement are:

- Strengthen infection control arrangements (ensure the lead person has appropriate regular training and that all actions are followed up) and the checks of emergency equipment (to include defibrillator pads).
- Review the procedure for maintaining staff files and training records to ensure that they are complete.
- Continue to improve care for patients with long term conditions, particularly patients with diabetes and high cholesterol.

Summary of findings

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

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.
- 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.
- There was a strong focus on continuous learning and improvement at all levels.

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



- 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.
- Older patients had a named GP to support their care.
- To help tackle social isolation amongst older people, the practice took a leading role in developing (with other local organisations) a calendar of events aimed at older people. GPs planned to discuss activities on the calendar with patients during consultations, including chair-based exercise sessions to ensure they were aware.
- The practice hosted weekly sessions run by the Alzheimer's Society to provide support to those worried about their own, or someone else's, memory.

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.
- Performance for most diabetes related indicators were comparable to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice was reviewing all of its systems, both in terms of practice processes and patient pathways, to improve patient care. Staff told us that the care of patients with cancer had been chosen for review – to check the practice was providing patients with good care at all stages. The practice invited a facilitator

Summary of findings

from Cancer Research to the practice to check the practice's process for identifying and recording patients with cancer, and to provide advice on how to improve screening rates, and had a programme in place to ensure best practice care.

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 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.
- The practice acknowledged all births by sending a congratulatory card to the parents, including a registration pack for baby and information on the postnatal and first baby appointments.
- The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice invited a local healthy living service into the practice to perform health checks. This meant that patients received their health check in a single visit, without the need to arrange a separate blood test.

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



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

Good



- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- Performance for other mental health related indicators was comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A local 'well-being' service, provided by the mental health trust, held monthly clinics at the practice, this allowed patients to receive support quickly and in a familiar environment.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Two hundred and fifty four survey forms were distributed and 121 were returned. This represented 3% of the practice's patient list. The results showed the practice was performing in line with or above local and national averages.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% 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%.

- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% 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 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received.

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

Carshalton Fields Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Carshalton Fields Surgery

Carshalton Fields Surgery is based in a converted house located in a residential street in Carshalton Beeches, which is in the London Borough of Sutton.

There is limited parking available on site. Further parking is generally available on the street, which is free of charge and with no restrictions. The Surgery is within walking distance from Carshalton Beeches train station and the area is served by local bus routes.

The premises comprises three consulting rooms, one treatment room, reception and waiting areas, and administrative offices. There is step-free access from the street to the surgery and through to the reception and waiting areas, as well as to two consulting rooms and the treatment room. There is a lavatory for patient use on the ground floor, which is accessible to wheelchair patients. The upper level is accessed via a flight of stairs and has one consulting room, offices and a lavatory for staff use.

The practice team usually consists of one principal doctor and two salaried doctors. At the time of the inspection the role of the salaried GPs was being covered by two locum GPs as one GP had left and the other was on maternity

leave. There are two female practice nurses, who both work part-time. Non-clinical management was led by a practice manager, and there were two medical secretaries, and four receptionists.

There are approximately 3600 patients registered at the practice. Compared to the England average, the practice has fewer young children as patients (age up to four) and more aged between five and nine, fewer young adults (aged 15 to 24). The surgery is based in an area with a deprivation score of 10 out of 10 (one being the most deprived), and has a lower levels of income deprivation affecting older people and children. Compared to the English average, fewer patients are unemployed. Life expectancy of the patients at the practice is in line with CCG and national averages.

The practice is open 8am to 8pm on Monday and 8am to 6.30pm Tuesday to Friday. Appointments with GPs are available from 9am to 2.30pm and 4pm to 8pm on Monday and 9am to 1.10pm and 2pm to 6pm Tuesday to Friday. When the practice is closed cover is provided by a local service that provides out-of-hours care.

The practice offers GP services under a Personal Medical Services contract in the Sutton Clinical Commissioning Group area. The practice is registered with the CQC to provide family planning, diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

This is the first time that the CQC has inspected the practice since the new provider took over in February 2014.

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

Detailed findings

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 2 November 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after an error in prescribing a controlled drug, the practice revised the practice prescribing policy to make it explicit that requests for controlled drugs must be made in writing (unless GPs have given instructions for particular patients) and provided extra training for reception staff.

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 or child safeguarding level 3, nurses to level 2 or 3 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most staff had received up to date training. The practice nurse was the infection control clinical lead had not had training since October 2015. Annual infection control audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result, but identified one improvement which had not been made – ensuring that all sharps boxes were dated and signed. We saw one undated sharps box in the practice, which was swiftly rectified.
- 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 were logged upon arrival into the practice and were securely stored, but there was not a system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Are services safe?

- We reviewed four personnel files and found that 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. Not all of the recruitment documents were saved in the staff files, but all were provided to us within two days of the inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff 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.
- Regular checks were carried out on the emergency equipment and medicines. These checks did not include the defibrillator pads (although these were present and in date).
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2015/16) were 93% of the total number of points available, compared to the local average of 94% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for most diabetes related indicators was comparable to the national average.
- 74% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 74% and the national average of 78%.
- 73% of patients with diabetes had well controlled blood pressure, compared to the local average of 75% and the national average of 78%.
- 88% of patients with diabetes had an influenza immunisation, compared to the local average of 87% and the national average of 89%.
- 67% of patients with diabetes had well controlled total cholesterol, compared to the local average of 77% and the national average of 82%.

- 89% of patients with diabetes had a foot examination and risk classification, compared to the local average of 87% and the national average of 88%.
- Performance for mental health related indicators was comparable to or above the national average.
- 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 91% and the national average of 88%.
- 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 88% and the national average of 90%.
- 95% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 85% and the national average of 84%.
- 93% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 94% and the national average of 94%.

Rates of exception reporting were also similar to local and national averages. (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).

There was evidence of quality improvement including clinical audit.

- In addition to prescribing audits suggested by the CCG, there had been three clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice decided to audit the care planning for patients with dementia, mental health or learning disability. In 2014 – 2015, the practice found that they had 17 patients on the dementia register of which none had had a care plan, 10 on the learning disability register of which seven had had annual review, and 39 on the mental health register of which 26 had had a care plan. When the audit was repeated in 2015-2016, there were 24 patients on the dementia register of which 20 had had care plan, 14 on the learning disability register of which 7 had had a care

Are services effective?

(for example, treatment is effective)

plan, and 41 on the mental health register of which 32 had had a care plan. The practice told us they were pleased that more patients with dementia, learning disabilities and mental health problems had been identified, and that more patients had care plans (dementia increased from 0% to 83% and mental health increased from 47% to 78%). The practice told us they were disappointed with the decrease in learning disability annual reviews, and planned to repeat the audit in March 2017 when they hoped for an improvement across all three groups.

- In another audit, the practice increased the number of patients identified as having chronic obstructive pulmonary disorder (COPD) from six to 56, so that these patients could be offered health checks.

The practice was reviewing all of its systems, both in terms of practice processes and patient pathways, to improve patient care.

Staff told us that the care of patients with cancer had been chosen for review – to check the practice was providing patients with good care at all stages. The practice invited a facilitator from Cancer Research to the practice to check the practice's process for identifying and recording patients with cancer, and to provide advice on how to improve screening rates. In response:

- The practice was developing a process to call every patient who did not attend for cancer screening.
- The practice nurse service was increased from two to five days a week to allow more time for cervical screening, with early morning appointments to make it easier for working patients to attend.
- All cancer diagnoses from January 2014 – July 2016 were analysed to see what the practice could learn.
- The process for urgent referrals tests was strengthened, to make sure that patients received an appointment.
- Patients who had been newly-diagnosed with cancer were invited for a discussion with the GP about their health.
- The practice held a register of patients who had been diagnosed with cancer and carried out opportunistic reviews. A system of recalls for regular reviews was being developed.
- Leaflets were available to support end of life care discussions, for patients with cancer (and other life limiting conditions).

- The practice carried out end of life care reviews for all patients who had died following cancer, using audit tools designed by the Royal College of General Practitioners, to check that patients received the care they wished.

A second visit from the facilitator was due to take place in late November 2016, to review the practice's progress.

Staff told us that they hoped that this work could be used as a model to improve care for patients with other health conditions.

Staff were monitoring externally published data as well as their own information, to assess their performance. They showed us evidence that since 2014, rates of emergency admissions and A&E attendances had reduced (from 85 to 70 emergency admissions per 1000 patients per year, and from 325 to 300 A&E attendances per 1000 patients per year).

The practice had audited their antibiotics prescribing, to look particularly at why prescribing of particular antibiotics called cephalosporins or quinolones was higher than average. (10% compared to 8% local and 5% nationally). These antibiotics are 'broad spectrum' and are more likely to lead to antibiotic-resistant infections, so should be prescribed cautiously. The practice ascertained that practice prescribing was in line with guidelines, and the higher than average prescribing of cephalosporins or quinolones was due to patients being prescribed these medicines by hospital consultants. The practice shared this with the CCG, who accepted the evidence of good prescribing practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Not all of the training evidence requested could be provided during the inspection (some was sent on in the days after the inspection). The practice was developing a spreadsheet to monitor training updates, but this was not yet in use.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service, including dietician and smoking cessation services.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the Clinical Commissioning Group (CCG) and 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 96% (local rates ranged from 85% to 93%) and five year olds from 72% to 98% (local rates ranged from 73% to 92%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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 in line with average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, staff told us that translation services were available for patients who did not have English as a first language.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (under 1% of the practice list). There was some written information available about sources of support for carers, and staff told us that a more comprehensive 'pack' of information was planned. A local carers group was scheduled to visit the practice in mid-November, to provide training for staff on how to identify and support carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice offered appointments with GPs until to 8pm on Monday to support working patients who could not attend during normal opening hours. Nursing hours had also been extended, with appointments from 8am on a Monday and Tuesday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice acknowledged all births by sending a congratulatory card to the parents, including a registration pack for baby and information on the postnatal and first baby appointments.
- To help tackle social isolation amongst older people, the practice took a leading role in developing (with other local organisations) a calendar of events aimed at the older people. GPs planned to discuss activities on the calendar with patients during consultations, including chair-based exercise sessions.
- The practice hosted weekly sessions run by the Alzheimer's Society to provide support to those worried about their, or someone else's, memory.
- The practice invited a local healthy living service into the practice to perform health checks. This meant that patients received their health check in a single visit, without the need to arrange a separate blood test.
- A local 'well-being' service, provided by the mental health trust, held monthly clinics at the practice, allow patients to receive support quickly and in a familiar environment.

Access to the service

The practice was open 8am to 8pm on Monday and 8am to 6.30pm Tuesday to Friday. Appointments with GPs were available from 9am to 2.30pm and 4pm to 8pm on Monday and 9am to 1.10pm and 2pm to 6pm Tuesday to Friday.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the local average of 75% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the local average of 73% and the national average of 73%.

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

GPs called patients who requested a home visit to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at four of the nine complaints received in the last 12 months and found that these were satisfactorily handled; dealt with in a timely way, and with openness and transparency. The practice manager telephoned all

Are services responsive to people's needs? (for example, to feedback?)

patients who complained and completed a complaint plan template to better understand the patient's concern, including the outcome the patient hoped for from the complaint, so that the practice could tailor their response.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was

taken to as a result to improve the quality of care. For example, after a patient complained that their prescription was sent by post rather than by the electronic prescription system (as requested), the practice reviewed their prescription system.

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 had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had held a strategy day with their staff, to plan a 'journey to outstanding', looking in detail at the patient journey.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice had also developed and implemented checklists to support staff in their work and allow performance of tasks to be verified. For example, a custom checklist was in place for reception staff, which included changing the back-up tape and checking the vaccine fridges.
- 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 risks, issues and implementing mitigating actions. The practice risk register recorded risks identified relating to the business plans, from meetings, significant events and complaints. This risk register was reviewed regularly.

Leadership and culture

On the day of inspection the principal GP 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 principal GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and discussed issues with the practice management team.
- 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 had a systematic plan in place to monitor and improve the service offered, and had begun to implement these. Systems and processes had also been developed and improved, to support staff and improve governance.

The practice recognised that it was small, and mitigated for its limitations, by active involvement with other organisations to improve performance and increase the services available to patients. Examples included:

- a local health living service was invited into the practice to perform health checks
- involvement with the local community to develop a 'well-being calendar'
- working with specialists in learning disability and cancer care to ensure best practice.