

Stonecot Surgery

Quality Report

Stonecot Surgery
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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 Stonecot Surgery on 10 January 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed; however, they had not ensured that all staff had received fire safety training and had not completed any full evacuation fire drills.
- 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.
- The practice had an established Patient Participation Group, which it consulted with regularly in order to gather patients' views of proposed changes within the practice.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice had a programme of continuous clinical audit, which was informed by both incidents within the practice and external factors. We saw evidence that the outcomes of audits was used to drive improvement within the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

Summary of findings

The practice was committed to securing the future of general practice. This was demonstrated by their commitment to the training of doctors and nurses; the practice provided placement opportunities to medical students, GP registrars, nursing students, physician's associates and pharmacists undertaking the non-medical prescriber course.

The management team were dedicated to ensuring that all patients at the practice received the care and treatment they required, and this ethos was embedded in the way that tasks were carried-out at the practice. For example, the partners had a low tolerance for excepting patients from the Quality Outcomes Framework (QOF) and the practice was committed to engaging with patients to ensure that their existing health conditions were well managed and that they participated in preventative screening. The success of this approach was demonstrated by the practice's high QOF achievement, low rate of exception reporting, and their high uptake of

bowel, breast and cervical cancer screening. The practice's rate of outpatient attendance and unplanned hospital admission were significantly below the expected rate for their patient population.

The areas where the provider should make improvement are:

- Ensure that all staff have received fire safety training and carry-out full evacuation fire drills.
- Put processes in place to ensure that all regular locum staff are up to date with mandatory training.
- Consider ways to allow patients without access to a computer to participate in the PPG.
- Put in place a failsafe system to ensure that results are received for all samples submitted for the cervical screening programme.
- Advertise the availability of translation services to patients in the waiting area.

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 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; however, they had not ensured that all staff had received fire safety training and had not completed any full evacuation fire drills.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average and their rate of exception reporting was significantly below the local and national average.
- Processes were in place to actively engage with patients to achieve positive outcomes. For example, they contacted patients who had failed to attend appointments or submit samples for preventative screening in order to explain the benefits and encourage them to participate; their uptake for bowel, breast and cervical screening was higher than the local average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice valued clinical audit as a tool for improvement, and in addition to conducting formal audits, they also regularly reviewed patient outcomes, such as unplanned admissions and deaths to identify areas where they could improve.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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. There was a lot of useful information available to patients in the surgery waiting area; however, this could be better organised to allow patients to find the information they needed more easily.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. They were involved in the development of a local federation, which would allow local practices to work together in procuring and delivering services in order to provide better value for money.
- Some patients said it could be difficult to access the practice by telephone, but that once they got through there were usually appointments available. Many patients preferred to see certain GPs who had been at the practice for a number of years, and the practice told us it could be difficult to accommodate all of these requests.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- 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, and we saw examples of staff at all levels taking on additional responsibilities in order to ensure the welfare of patients; for example, the practice had introduced “Care Navigators” who acted as advocates for elderly patients.
- High standards were promoted and owned by all practice staff and teams worked together across all roles to achieve positive outcomes for patients; for example, clinical and administrative staff worked jointly to encourage patients to attend for bowel and breast screening. Staff had also been trained as “care navigators” in order to provide enhanced support to elderly patients who found it difficult to navigate the health and welfare system.
- 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.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The partners had high expectations in respect of the practice’s management of patients with long-term conditions through the Quality Outcomes Framework, which was reflected in their high achievement and low rate of exception reporting.
- 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.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice actively monitored and supported patients identified as at risk of an unplanned admission to hospital and reviewed all patients who were admitted. The practice's rate of outpatient attendance and unplanned hospital admission were significantly below the expected rate for their patient population (80 per 1000 patients compared to a predicted rate based on the patient demographic of 130 per 1000 patients), and the practice explained that this was due to their pro-active approach to managing these patients, for example, by providing a high proportion of home visits to these patients. The practice had also put in place a policy of having all urine test results checked by the duty doctor before the practice closed; this enabled any patients with urinary tract infections (which can require hospitalisation in older people when left untreated) to be treated promptly without a delay overnight or over the weekend.
- The practice had trained five of their administrative staff as "care navigators", whose role was to act as patient advocates to support elderly patients by providing advice about services available to them, remind those with cognitive impairment about upcoming appointments, and to contact patients who had failed to attend appointments to check on the welfare of the patient and re-book their appointment where necessary.

Outstanding



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall, performance for diabetes related indicators was comparable to the CCG and national average. The practice

Good



Summary of findings

achieved 85% of the total QOF points available, compared with an average of 84% locally and 90% nationally. Their exception reporting rate overall for diabetes indicators was 5% compared to a CCG average of 10% and national average of 12%.

- The practice provided in-house services for patients with long-term conditions which reduced the need for patients to travel. For example, they provided a comprehensive diabetes service including insulin initiation, in-house INR testing for patients taking Warfarin, asthma and chronic obstructive pulmonary disease clinics, and advanced wound dressing.
- 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; the practice achieved a high rate for long-term condition annual reviews. For patients who were housebound, annual reviews were carried-out in the patient's home; the practice had provided 78 home visits for long-term condition reviews in the past year.
- 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.

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.
- Cervical screening had been carried-out for 83% of women registered at the practice aged 25-64, which was comparable to the CCG and national average of 81%; the exception reporting rate was 2% compared to a CCG and national average of 7%.
- 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



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was open until 8pm Monday to Thursday and until 7:30pm on Fridays, which allowed patients who worked during the day to access the practice for routine tasks such as picking up prescriptions and making appointments.
- 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 provided a full range of contraception services including the fitting of coils and contraceptive implants.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice recognised they had a number of patients belonging to groups with particular needs. For example, there was a development of homes for ex-service personnel within the practice boundary, and therefore it had a large number of patients who had served in the armed forces. These patients were coded on their patient records system to ensure that they received the priority treatment they were entitled to. The practice also had a high number of patients who did not speak English as a first language, and it had ensured that information was available and processes were in place to provide care to these patients.
- 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.

Summary of findings

- 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).

- The practice had 100 patients diagnosed with dementia and 90% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 85% and national average of 84% (their exception reporting rate was 2% compared to a CCG average of 4% and national average of 7%).
- The practice had 98 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 88% of these patients, compared to a CCG average of 90% and national average of 89% (however, their exception reporting rate was 1% compared to a CCG average of 8% and national average of 13%).
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fifty seven survey forms were distributed and 123 were returned. This represented approximately 1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 71% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 80% and national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and 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 29 comment cards which were all positive about the standard of care received. Patients commented that the practice had a good reputation locally for providing excellent care, and that they felt the staff were empathetic and thorough. Some patients commented that it could be difficult to get through the practice by phone.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The "Friends and Family Test" results for 2016 showed that 84% of respondents would recommend the practice.

Stonecot 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 and an Expert by Experience.

Background to Stonecot Surgery

Stonecot Surgery provides primary medical services in Merton to approximately 9000 patients and is one of 24 practices in Merton Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 12%, which is below the CCG average of 17%; and for older people the practice value is 12%, which is below the CCG average of 16%. The practice age range of the practice's patients largely follow the same pattern as the local average. Of patients registered with the practice, 19% are of non-caucasian ethnicity. The practice provides services to veterans who reside in a nearby residential development.

The practice operates from a 2-storey converted residential premises. A small amount of car parking is available at the practice, and there is space to park in the surrounding streets. The reception desk, main waiting area, and five consultation rooms are situated on the ground floor. The practice manager's office, administrative office, staff kitchen, small waiting area and two consultation rooms are situated on the first floor.

The practice team at the surgery is made up of two part time male GPs and two part time female GPs who are

partners, a nurse practitioner and a physician's associate. The practice is a training practice and at the time of the inspection had three GP trainees. In total the practice offers 30 GP sessions, 23 trainee GP sessions and eight nurse practitioner/physician associate sessions per week. The practice also employs three part time female nurses. The clinical team are supported by two practice managers (one currently on maternity leave), a reception manager and nine part time receptionists, a medical receptionist and three administrative assistants.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 8pm Monday to Thursday and 8am to 7:30pm on Friday. Appointments are from 8am to 8pm on Monday, Tuesday and Thursday, and from 8am to 6:30pm on Wednesday and Friday. In addition to pre-bookable appointments that can be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

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

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

Detailed findings

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 10 January 2017. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the Practice Manager and clerical 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; this including recording positive incidents.

- 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, we saw a record of a significant event where a patient had requested a repeat prescription for a medicine by providing the empty box of the medicine they had been taking. The member of staff processing the request noticed that the name of the medicine on the box did not match the medicine the patient had been prescribed previously and therefore passed this to a GP for review. The GP noted that there had been an error on the part of the pharmacy, who had dispensed the incorrect medicine to the patient. The practice alerted the pharmacy to the error and discussed what they would do to prevent the incident reoccurring. They also invited the patient to come to the surgery to discuss the error and reassure them that the medicine they had been taking would not cause them harm.

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 three, nurses were trained to level two and non-clinical staff were trained to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
 - Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
 - The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
 - Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The practice employed a nurse practitioner and a physician's associate, who saw patients for all acute and long-term conditions. The practice had carefully considered the risks associated with this, and had put robust safeguards in place to ensure that patients were kept safe. For example, the GPs had initially reviewed every consultation carried-out by the physician's associate and once they were confident about their competence, this was reduced to weekly tutorial sessions. GPs also reviewed all decisions made by the nurse practitioner and physician's associate in relation to incoming correspondence (such as hospital letters and test results).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire alarm tests; they did not carry out fire drills but we were informed intended to begin doing so following a recent

fire risk assessment. 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice had a system in place to check stocks and expiry dates of emergency medicines weekly.
- 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 had an effective electronic filing system in place to ensure that staff could locate previously published alerts when they needed to refer to them.

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 97% of the total number of points available. The practice's exception reporting rate was lower than local and national averages at 4% (CCG average 8% and national average 10%), in particular for asthma, depression and mental health indicators. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice explained they had a policy of not excepting patients unless all possible attempts had been made to engage with them; they provided home visits by nursing staff for annual reviews to ensure that housebound patients received the care they needed.

We saw evidence that the practice had a significantly higher disease burden across four specific disease areas (heart failure, asthma, cancer, chronic obstructive pulmonary disease) compared to other local practices.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were comparable to the CCG and national averages. The practice achieved 85% of the total QOF points available,

compared with an average of 84% locally and 90% nationally. The exception reporting rate overall for diabetes indicators was 5% compared to a CCG average of 10% and national average of 12%.

- The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 78%, which was comparable to the CCG average of 74% and national average of 78% (the exception rate was 3% compared to a CCG average of 8% and national average of 9%).
- The proportion of diabetic patients with a record of well controlled blood glucose levels in the preceding 12 months was 70%, compared to a CCG average of 72% and national average of 78% (the exception rate was 3% compared to a CCG average of 10% and national average of 13%).
- The proportion of these patients with a record of a foot examination and risk classification in the preceding 12 months was 86% compared to the CCG average 84% and national average 88% (the exception rate was 3% compared to a CCG average of 7% and national average of 8%).
- The practice had 100 patients diagnosed with dementia and 90% of these patients had had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 85% and national average of 84% (the exception reporting rate was 2% compared to a CCG average of 4% and national average of 7%).
- The practice had 98 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 88% of these patients, compared to a CCG average of 90% and national average of 89% (the exception reporting rate was 1% compared to a CCG average of 8% and national average of 13%).

There was evidence of quality improvement including clinical audit.

- There had been 11 clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, the practice had conducted an audit of Warfarin (a medicine to treat high blood pressure)

Are services effective?

(for example, treatment is effective)

monitoring to check that this medicine was only prescribed when the patient had undergone the required monitoring. The audit found out of 154 patients prescribed Warfarin, 25 had not received recent monitoring. As a result, the practice developed new guidelines for prescribing Warfarin that put additional safeguards in place to ensure that prescriptions could only be produced when monitoring information was on record. The practice had also put a plan in place to regularly audit Warfarin prescribing to monitor the effectiveness of the new guidelines.

Information about patients' outcomes was used to make improvements. For example, the practice ran a regular search of all registered patients who had attended accident and emergency, those who had been admitted to hospital unexpectedly, and those who had died; each of these patients was discussed in the practice's clinical meetings in order to identify any learning, and the practice could provide examples of learning as a result of these reviews in areas such as multidisciplinary team working and the care of patients who were at the end of their lives who had specialist needs, for example as a result of being fed via a tube. As a result of their work in this area, the practice had a lower rate of unplanned admission to hospital than predicted for their patient demographic (80 admissions per 1000 patients compared to an expected rate of 130 admissions per 1000 patients).

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 arrangements, 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. We saw evidence that nursing staff had received training in topics such as wound management, contraception and travel health.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. The practice kept a list of locums they would use regularly; they checked these individuals were up to date with mandatory training before they started to work at the practice. However, there was no process in place to ensure that locums had completed refresher training at the required frequency.
- Staff received training that included: safeguarding, basic life support and information governance; some staff had not received fire safety training. Training was delivered in various ways including face-to-face, e-learning and via in-house sessions for topics such as infection control and the Mental Capacity Act 2005. The practice was involved in the local federation and at the time of the inspection all staff were about to attend a half-day federation-wide training workshop.

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 two-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Are services effective?

(for example, treatment is effective)

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.

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.
- Smoking cessation advice was available from the local pharmacy.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and national average of 81%; however, the exception reporting rate was 2%, which was below the CCG and national average of 7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

test. The practice had information on the process and benefits of cervical screening available in several different languages which were commonly spoken by their patient population; they also ensured that a female sample taker was available. The practice informed patients they must contact them if they did not receive a letter with the results of their cervical screening test; however, there was no failsafe system in place to ensure results were received.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had a system of actively contacting patients who had failed to attend a screening appointment or submit a sample for testing; as a result, their uptake for breast cancer screening was higher than the CCG average (70%, compared to the CCG average of 64% and national average of 72%) and their uptake for bowel cancer screening was 56%, compared to a CCG average of 50% and national average of 58%.

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 92% to 98% and five year olds from 91% to 97%.

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 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 29 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 happy 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:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% 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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 76% 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 national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 91%.

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; however, this was not advertised to patients in the waiting area.

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 376 patients as carers (approximately 4% of the practice list). The practice provided influenza vaccines to carers and information was available to direct carers to the various avenues of support available to them.

The practice had trained five of their administrative staff as "care navigators", whose role was to act as patient advocates to support elderly patients by providing advice about services available to them, remind those with

cognitive impairment about upcoming appointments, and to contact patients who had failed to attend appointments to check on the welfare of the patient and re-book their appointment where necessary.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. They were involved in the development of a local federation, which would allow local practices to work together in procuring and delivering services in order to provide better value for money.

- The practice offered a 'Commuter's Clinic' on a Monday, Tuesday and Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- 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. The practice was a registered yellow fever centre.
- There were accessible facilities, a hearing loop and translation services were also available.

Access to the service

The practice was open between 8am and 8pm Monday to Thursday and 8am to 7:30pm on Friday. Appointments were from 8am to 8pm on Monday, Tuesday and Thursday, and from 8am to 6:30pm on Wednesday and Friday. In addition to pre-bookable appointments that could be booked up to three 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 to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 80%.

- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Requests for home visits were taken by reception staff and passed to the duty doctor, who contacted the patient to establish whether a home visit was required. The practice ensured that the duty doctor had a shorter morning clinic in order that they had the time to review all requests for home visits. Home visits were typically undertaken by doctors after their clinic had finished; however, in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for the GP's clinic to finish, the GP would carry-out an urgent visit.

Listening and learning from concerns and complaints

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

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

The practice had received 12 complaints in the past 12 months, and we looked at three of these in detail. We found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw a complaint from a patient who was unhappy about the way in which a medical device was fitted. GPs from the practice arranged to meet with the patient and explained the process and responded to their concerns and following this the patient's confidence in staff at the practice was restored.

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 clear mission statement which was developed with the input of staff.
- The practice had a clear vision for the future of the practice which included robust succession planning.

The practice's ethos of delivering high quality care was well embedded with staff at all levels, and we saw examples of staff taking on additional responsibilities in order to ensure vulnerable patients were safe and received the care that they required.

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.
- A comprehensive understanding of the performance of the practice was maintained both overall and comparative to other practices in the locality.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice provided several examples of audits they had carried out which had been prompted by significant events, incidents and alerts. In addition to formal audits, the practice also demonstrated its commitment to continuous learning and development by reviewing the care of all patients who had died and those who had had an unplanned hospital admission, in order to identify any areas where they could improve their service or enhance their clinical practice.
- There were arrangements in place for identifying, recording and managing 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 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 practice had a virtual PPG of around 50 members, who the Practice Manager

Are services well-led?

Good 

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

corresponded with regularly. We saw evidence of the practice consulting with the PPG on key issues. For example, prior to the recruitment of the Physician's Associate (PA), the PPG was emailed with information including details of the difficulties in recruiting salaried GPs and an explanation of the PA role, and asked for their views on the proposal to employ PAs at the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was committed to securing the future of general practice. This was demonstrated by their commitment to the training of doctors and nurses; the practice provided placement opportunities to medical students, GP registrars, nursing students, physician's associates and pharmacists undertaking the non-medical prescriber course.

The practice had taken a forward-thinking approach to address the difficulties in recruiting salaried GPs and practice nurses by recruiting a physician's associate to undertake some of the work usually performed by a salaried GP, and recruiting a nurse with a hospital background who they were training in general practice.

The management team were dedicated to ensuring that all patients at the practice received the care and treatment they required, and this ethos was embedded in the way that tasks were carried-out at the practice. For example, the partners had a low tolerance for exception reporting patients for the Quality Outcomes Framework (QOF) and the practice was committed to engaging with patients to encourage them to attend for reviews and screening appointments. The success of this approach was demonstrated by the practice's high QOF achievement, low rate of exception reporting, and their high uptake of bowel, breast and cervical cancer screening. The practice actively monitored and supported patients identified as at risk of an unplanned admission to hospital and reviewed all patients who were admitted. The practice's rate of outpatient attendance and unplanned hospital admission were significantly below the expected rate for their patient population.