Care Quality Commission

Graham Road 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.

Summary of findings

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Summary of findings

Overall summary

Graham Road Surgery is a general medical practice (GP surgery) that provides NHS services to 3,000 patients in East Merton covering Mitcham, Figges Marsh and Gorringe Park areas. The provider is registered with the Care Quality Commission to provide the regulated activities: maternity and midwifery; treatment of disease disorder or injury and diagnostics and screening at one location, Graham Road. The practice is operated by a partnership of two GPs and a part time locum. One of the partners is the registered manager. The Surgery opening hours were between 09.00 and 19.00 Monday to Friday and from 10.00 and 12.30 on Saturdays. Outside of these hours patients rang the surgery and were put through to the NHS 111 service who assessed and if appropriate referred patients to the out of hours service provided by Harmoni - South West London.

We found the service was safe, effective, caring, responsive and well led. Feedback from patients indicated that they were satisfied with the arrangements for making an appointment, the repeat prescription process and the care and treatment they received, although we received negative comments about patients having to wait when attending an appointment. We saw patients were treated with dignity and respect by staff.

Patients were involved in their treatment and given choices in referrals to other health services. Policies and procedures were in place for safeguarding, health and safety and infection control which staff had read and understood. Health and safety checks were completed, risk assessments were carried out and staff were aware of their responsibilities regarding safeguarding vulnerable adults and children. Clinical audits were completed and serious incidents were reported and learning was shared with all staff. We found systems in place to monitor and improve outcomes for patients. Annual medicine reviews were completed and the practice had links with other health and social care providers. Staff recruitment was in line with requirements. New staff completed an induction which included going through policies and procedures and how to use equipment and observing new staff to ensure they carried out their role to the required standard. GPs and staff were up to date with training and arrangements were in place for all staff to receive supervision and appraisals. The complaints policy was accessible to patients in the practice information booklet given to new patients and on the practice website. Staff meeting minutes showed learning from complaints and incidents were shared.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

We found that Graham Road Surgery provided safe care and treatment that protected patients from avoidable harm. Systems were in place to record and report serious untoward incidents. Appropriate policies and procedures were in place covering safeguarding, health and safety and infection control. We found that while staff had read policies and procedures further work could be done to practice responses in certain situations including responding to the panic alarms, fire drills and child protection to ensure that they could put the policies into action.

Clinical audits were completed and we saw these had led to improvements in the care and treatment provided to patients; there was evidence of learning from incidents and events to prevent recurrence; health and safety checks were completed at the required times and infection control was well managed to reduce the risks of cross infection. Staff recruitment was in line with requirements. Equipment was checked at regular intervals.

Are services effective?

We found that the services at Graham Road Surgery were effective. There were appropriate systems in place to monitor and improve outcomes for patients. The doctors and staff were up to date with their training with suitable arrangements in place for supervision and appraisals. Suitable arrangements were in place to provide annual reviews and medication reviews to patients with long term conditions. The surgery had appropriate links with other services to provide joined up care and treatment to patients.

Are services caring?

We found that the services at Graham Road Surgery were caring, staff involved patients in their treatment and treated people with compassion, kindness, dignity and respect. Patients were positive about the care and treatment they received and the way staff spoke with them. They did say some negative things about having to wait too long when they attended for their appointment and about the building being small and lacking privacy. The GPs told us about their plans to move to new purpose built premises, although there was no date for this at the time of our visit.

Summary of findings

Are services responsive to people's needs?
We found that the services at Graham Road Surgery were responsive and organised to meet patient's needs. Patients told us they found it easy to get appointments to see the GP or nurse. The complaints procedure was clear and accessible to patients and we saw evidence that the practice had learnt from complaints.

Are services well-led?
We found the services at Graham Road Surgery were well-led. The GPs were clear about the improvements that were needed to the building and were planning a move to new premises to be able to meet patients' needs better. Regular meetings were held, patients were asked for their views on the service and were involved in planning for the new surgery. We saw evidence of learning from incidents with changes made to improve services.

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
We found that there were arrangements in place to respond to the needs of this patient group. Patients we spoke with had been registered with the practice for many years and were happy and satisfied with the treatment they received. They said that they were able to make appointments to see their doctor, the system for repeat prescriptions worked for them, they were treated with respect and their privacy and dignity was maintained. There were clear arrangements for patients to have a named GP to co-ordinate their treatment.

The practice was accessible and reception staff were aware of patients who needed help and support entering and leaving the building. Home visits were provided for patients who were housebound, receiving end of life care and those too ill to attend the surgery.

People with long-term conditions
We found that there were arrangements in place to respond to the needs of this patient group. There were systems in place to ensure on-going monitoring of long term conditions to check treatment plans remained appropriate and no new health conditions were developing. Two of the GPs had completed training in diabetes care and provided regular diabetes clinics. The nurse and GPs carried out regular checks on patients with asthma and breathing difficulties and heart disease. Annual medicine reviews were held to check that treatment remained appropriate and cost effective. Patients told us that the repeat prescription process was convenient. The practice offered smoking cessation support and carried out regular checks of lungs for patients who smoked. The practice had regular meetings with other health professionals which provided joined up care and treatment for patients. When patients were receiving end of life care this was recorded for the out of hours service.

Mothers, babies, children and young people
We found that there were arrangements in place to respond to the needs of this patient group. The practice employed a nurse who provided health checks and immunisations in line with the ‘Healthy Child Programme’ for babies and children. New mothers were given the six week check, which included screening for depression which

meant that any referrals needed could be made quickly. The practice website and information leaflet noted that contraceptive and sexual health advice was provided and chlamydia tests could be carried out at the practice.

There was a female locum GP for patients who preferred to see a female doctor. A chaperone policy was in place (this is when another member of staff is present during an examination or consultation).

Staff told us that they were able to give priority, same day appointments to babies and young children when they were unwell.

Systems were in place for communication with other health and social care professionals which meant patients received joined up care and treatment.

The recording system identified when children were looked after by the local authority and the GPs were aware of the need for annual health checks for these patients.

The working-age population and those recently retired
We found that there were arrangements in place to respond to the needs of this patient group. There was a Saturday surgery which meant that working people could book to see the doctor without having to take time off work. Patients were offered choice when referred to other services.

People in vulnerable circumstances who may have poor access to primary care
We found that there were arrangements in place to respond to the needs of this patient group. We were told that the doctors would see any patient who attended the practice. There were low numbers of patients with learning disabilities. These patients were offered annual health checks and medication reviews. There was a chaperone policy in place, this meant relatives and carers could attend these appointments and the nurse was available if required. Referrals were made to other health and social care services so vulnerable patients accessed appropriate services to meet their individual needs. Policies for safeguarding were in place and staff were aware of actions they needed to take to raise concerns to the local authority. The practice had access to translators and British Sign Language interpreters when required.

People experiencing a mental health problems
We found that there were arrangements in place to respond to the needs of this patient group. Patients were offered regular reviews of treatment and annual reviews of medicines to ensure they remained appropriate. There were suitable processes in place for patients to

request repeat prescriptions. The surgery worked with other health and social care professionals which offered joined up care for patients. An example of this was the three monthly meetings held with mental health professionals.

Summary of findings

What people who use the service say

We spoke with four patients and two members of the Patient Participation Group (PPG) during our visit and received 22 comment cards from patients who had visited the practice during the week before our visit.

Overall patients made positive comments about the care and treatment that they received. They said that staff were kind, caring, polite, respectful and helpful. Patients told us that they felt the practice was safe, clean and hygienic when they visited. They said that their experience of making an appointment was good and that the system for repeat prescriptions worked well for them.

Areas that patients felt could be improved were around: getting through on the telephone in the morning; the surgery being cramped and a lack of privacy due to the small size and being kept waiting when they attended for an appointment.

Areas for improvement

Action the service COULD take to improve

- While policies and procedures were in place and staff had copies and signed that they had understood their responsibilities, checks could be made to ensure that staff were clear of the actions they would take;
- Review the supervision and appraisal arrangements for the practice manager.

Graham Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector who was accompanied by two specialist advisers, one a GP and the other with wide experience in practice management.

Background to Graham Road Surgery

Graham Road Surgery had been a general medical practice for many years which was now operated by a partnership of two GPs with a part time locum. The practice currently employed a nurse for two days a week. The practice manager managed a team of two reception staff and two administrators.

The Surgery opening hours were between 09.00 and 19.00 Monday to Friday and from 10.00 until 12.30 on Saturdays. A range of clinics were provided including: diabetes; smoking cessation; childhood immunisations and well woman.

There was a small reception and waiting area, one nurses room and two consultation rooms.

The practice had 3,000 patients on its register and provided a service to people in east Merton including Mitcham, Figges Marsh and Gorringe Park.

Patients from Graham Road Surgery could be referred to Epsom and St Helier Hospital, Kingston Hospital, Croydon University Hospital or St George' Hospital for specialist treatment. Sutton and Merton Community Services were provided by The Royal Marsden NHS Foundation Trust. Community and in-patient mental health services were provided by South West London and St George's Mental Health Trust.

The health of people in Merton was generally better than the England average, and deprivation was lower. While life expectancy was significantly better than the England average, there was wide variation within the borough from east, where life expectancy was lower, to west. Priorities in Merton included reducing the gap in life expectancy between the least and the most deprived areas, reducing mortality due to heart disease and cancer, addressing major risk factors such as smoking, diet, exercise and alcohol, and improving sexual health.

Why we carried out this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new process under Wave 1.

How we carried out this inspection

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

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

Detailed findings

- Is it well-led?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we analysed data from our Intelligent Monitoring system and reviewed a range of information we had received from the practice. We asked other organisations, NHS England, the Clinical Commissioning Group and Healthwatch Merton to share their information about the service. This did not highlight any significant areas of risk across the five key question areas. We looked at the practice website for details of the staff employed and services provided.

We carried out an announced visit on 20 May 2014 between 10am and 5pm.

During our visit we spoke with a range of staff, including the nurse, two GPs the practice manager and two reception staff.

We spoke with four patients, two representatives from the Patient Participation Group (PPG). We received 22 comment cards from patients who had visited the surgery during the week before our visit. We saw how reception staff welcomed patients to the practice and how they dealt with telephone calls. We looked at a range of records including clinical audits and checks, staff recruitment and training records, meeting minutes and complaints. We looked at the environment and checked the storage arrangements for records, medicines and cleaning materials.

Are services safe?

Summary of findings

We found that Graham Road Surgery provided safe care and treatment that protected patients from avoidable harm. Systems were in place to record and report serious untoward incidents. Appropriate policies and procedures were in place covering safeguarding, health and safety and infection control. We found that while staff had read policies and procedures further work could be done to practice responses in certain situations including responding to the panic alarms, fire drills and child protection to ensure that they could put the policies into action.

Clinical audits were completed and we saw these had led to improvements in the care and treatment provided to patients; there was evidence of learning from incidents and events to prevent recurrence; health and safety checks were completed at the required times and infection control was well managed to reduce the risks of cross infection. Staff recruitment was in line with requirements. Equipment was checked at regular intervals.

Our findings

Safe patient care

The practice had appropriate systems in place regarding recording and reporting serious untoward incidents. There were policies covering safeguarding, health and safety and infection control that were given to new staff during their induction and were available at the surgery for all staff. There was a regular programme of clinical audit to monitor the safety of treatment provided. We looked at audit results from 2010 and 2012 and noted improvements in patient care had been made regarding cancer referrals. One audit identified inappropriate antibiotic prescribing and the GPs told us that they were changing their prescribing. Audits for 2014 were in progress.

Learning from incidents

We found that suitable systems were in place for reporting incidents and the GPs were aware of their responsibilities. We were shown records of three incidents that had been reported and saw actions to prevent reoccurrence were documented. Meeting minutes showed the practice manager discussed incidents and complaints with staff. Staff described the changes made to prescription requests following an incident.

Safeguarding

People were protected from the risk of abuse because the provider had systems in place to identify and report any safeguarding concerns.

There was a safeguarding vulnerable adults policy in place. Staff had completed safeguarding training. Staff we spoke with described the process for reporting concerns to the local authority.

The practice had developed a child protection policy and a copy of the London child protection procedures were available for staff. Reception staff had completed child protection training to Level 1 and the nurse and GPs had completed Level 3 as required. Staff told us that any child protection concerns would be reported to the health visitor as well as the local authority.

The electronic record system had a ‘flag’ that identified when a child was on a child protection plan which ensured all staff were aware when there were child protection

concerns. The GPs told us they were not usually able to attend child protection case conferences, although they would send a report and received feedback from these meetings so they could update their records.

Monitoring safety and responding to risk
Risks were minimised to protect patients and staff from harm. The was a system for receiving and acting on national safety alerts. Health and safety risk assessments had been completed to ensure patients and their own safety. The practice manager carried out weekly checks of the premises to ensure that any new risks were identified and could be addressed.

There was a panic alarm in consultation rooms and records confirmed these were tested to ensure that they worked. However the provider had not carried out practice sessions for staff to ensure that they knew how to respond if an alarm was activated.

Staff told us about the business continuity plan which detailed actions to take in response to certain situations.

Medicines management
We found that appropriate storage facilities were provided for medicines. However during our visit the medicine cupboards were not locked. We raised this with staff who told us that patients could not access the room medicines were stored in without the nurse or practice manager being aware and that arrangements would be put in place for the cupboard to be kept locked at all times.

The temperature of the medicine fridge was checked and recorded daily. Records showed the temperatures were kept within the range required to ensure the medicines and vaccines were safe to use. The nurse and practice manager were clear about the actions they needed to take if the fridge was outside of the required temperature.

They did not store controlled drugs at the surgery. The GPs were responsible for checking the medicines in their bags and requesting replacements before they went out of date.

The Clinical Commissioning Group (CCG) pharmacist visited the surgery every week to ensure that the most appropriate medicines were used for patients. They also provided information and advice, shared safety alerts and updated guidance.

Cleanliness and infection control
There were suitable arrangements in place to protect people from the risk of infection. Patients said the surgery was clean when they visited and confirmed that they saw the doctor wash their hands if they were going to be examined and again after the examination. The doctors and nurses told us that they were responsible for cleaning the examination beds after they saw patients and that they had sufficient equipment to do this.

Infection control risks to patients and staff were minimised. There was a cleaning schedule in place and a cleaner attended the practice three times a week. There was specific cleaning equipment for different areas of the surgery to reduce the risk of cross contamination. The practice manager checked the building and systems were in place to raise concerns with the cleaners if standards were not meeting the required standard. Reception staff said that they had access to ‘spill packs’ which could be used to clear up any spillages during surgery hours.

Staff completed training on infection control during their induction and suitable policies were in place for minimising the risk of infection. We saw consultation rooms had a sink, liquid soap, paper towels and had signs to describing ‘how to wash your hands’. Staff said that they had access to personal protective equipment when needed.

Clinical and domestic waste was clearly separated. Sharps bins were available in clinical rooms for the safe disposal of needles. There was clear information for staff on actions to take in the event of a needle stick injury. The clinical waste bin was stored securely outside the practice and appropriate contracts were in place for the safe collection of any clinical waste.

Staffing and recruitment
There were appropriate recruitment processes in place. Staff attended an interview and appropriate pre-employment checks were carried out before they started. New staff were given a handbook containing the policies and procedures they needed to follow in different eventualities. An induction pack had been developed for when they used a locum doctor or nurse. This ensured that they had the information they needed.

There was no policy regarding having a Disqualification and Barring Scheme (DBS) check for non-clinical staff. This was discussed with the provider who said that they would review their policy to include all staff having a DBS check.

Are services safe?

There were arrangements in place to ensure any staff absences were appropriately covered. Staff we spoke with at all levels were aware of each other's roles and responsibilities.

Dealing with Emergencies

Policies regarding how to deal with emergency situations were included in the staff handbook. Staff were required to sign this policy to confirm that they had received and read it. The practice manager told us they monitored the process to ensure staff had understood their responsibilities.

All staff completed training in resuscitation which was updated when required. Emergency medicines were available and checked regularly to ensure they remained in date and fit for use.

Equipment

Suitable arrangements were in place to ensure that health and safety checks were made on the premises and equipment. Staff said that they had access to the equipment that they needed to do their job. Contracts were in place for the calibration of equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

We found that the services at Graham Road Surgery were effective. There were appropriate systems in place to monitor and improve outcomes for patients. The doctors and staff were up to date with their training with suitable arrangements in place for supervision and appraisals. Suitable arrangements were in place to provide annual reviews and medication reviews to patients with long term conditions. The practice had appropriate links with other services to provide joined up care and treatment to patients.

Our findings

Promoting best practice

The GPs were up to date with their professional development and kept abreast of any changes to nationally recommended clinical guidance. One of the GPs was the link person for the CCG and kept staff updated with information. Two of the GPs had completed training in diabetes care and provided regular diabetes clinics. The GPs told us that their patient population had low numbers of chronic obstructive pulmonary disease (lung diseases) and they were exploring the reasons for this with the CCG. They offered smoking cessation support and carried out regular checks of lungs for patients who smoked. Part of the new patient check included asking if the patient smoked.

Management, monitoring and improving outcomes for people

There was a programme of clinical audits which were carried out every two years to monitor outcomes for people and to make improvements where necessary. For example, following an audit of antibiotic prescribing the GPs had changed their prescribing. The practice also audited the referrals to other services to ensure patients were referred appropriately to specialist services.

The practice participated in the quality and outcomes framework (QOF) the voluntary incentive scheme used to encourage high quality care with indicators measuring how well practices were caring for their patients. The Clinical Commissioning Group (CCG) looked at this data as part of their commissioning to check services provided were as required.

People with long term health conditions were invited for annual reviews of their medicines and treatment. This made sure that the doctors checked their plan of care was appropriate and no new health conditions were developing.

Staffing

Patients received care and treatment from staff and doctors who received the support and training they needed to carry out their role safely and effectively. There was an employee handbook given to new staff that detailed the policies,

procedures and their health and safety responsibilities. The practice manager planned an induction for new staff which included observing new staff to ensure they carried out their role to the required standard.

Staff were required to complete mandatory training modules. Records showed staff had completed training in information security and confidentiality, adult safeguarding, child protection, first aid, resuscitation, fire safety and health and safety. They were aware of their responsibilities under relevant legislation and were suitably trained to do their job.

Staff were supervised and appraised annually. Action plans were devised and staff had a personal development plan so they were clear about how they were performing and were offered training to develop within their role. The nurse was new in post but there were arrangements in place for them to have supervision and an appraisal. While the practice manager received supervision and appraisal, the arrangements could be changed for this to be completed by the most appropriate person. The GPs told us that their appraisals were up to date. One GP had recently had their revalidation (this is the process which doctors demonstrate they are up to date and fit to practice) and the other was working towards theirs.

Working with other services

Patients experienced joined up care and treatment because the practice worked closely with other professionals involved in people's care. There were monthly meetings with a health visitor, district nurse, palliative care team, and social services and three monthly meetings with mental health professionals. Minutes were taken of these meetings to ensure actions were logged and referrals and progress monitored.

The practice used the 'continuing medical care' website to inform the out of hours services of any patients who were unwell. Out of hours providers had access to important information regarding certain patients to ensure that their needs and wishes were known. There was a system for the out of hours service to send details of patients seen during the night, weekends and bank holidays to the surgery in the morning and the GP was made aware of this information.

Health, promotion and prevention

There was a range of information leaflets in the waiting area for patients. The GPs could refer patients to 'LiveWell' a free NHS health improvement service to help people in Sutton or Merton to live healthier lifestyles. Patients told us the GP spoke with them about maintaining good health and gave advice regarding diet, exercise, stopping smoking and reducing alcohol consumption.

Patients were given protection from preventable infectious diseases. Patients eligible for the flu and shingles vaccines were invited to attend the practice and childhood immunisations were carried out at the required ages. Systems were in place to contact parents when children missed appointments for vaccinations.

We were given examples of the first appointment for a new patient which involved taking a social and medical history in order to identify if any issues required on-going support from health or social care services. Health promotion advice was given at these appointments. However, more could be done to identify carers so they could be directed to appropriate local support groups.

Are services caring?

Summary of findings

We found that the services at Graham Road Surgery were caring, staff involved patients in their treatment and treated people with compassion, kindness, dignity and respect. Patients were positive about the care and treatment they received and the way staff spoke with them. They did say some negative things about having to wait too long when they attended for their appointment and about the building being small and lacking privacy. The GPs told us about their plans to move to new purpose built premises, although there was no date for this at the time of our visit.

Our findings

Respect, dignity, compassion and empathy

Patients told us that staff were kind, caring, polite, respectful and helpful. They said they were spoken to appropriately when they rang and attended for an appointment and the GP and nurse maintained their privacy and dignity at all times. Some patients said that the reception area did not really allow privacy although this was not an issue for them. We noted there was no separate space for patients to go to have a private conversation with reception staff, although staff said if the nurse was not in, they could use the consultation room. We saw staff spoke with people in an appropriate and polite way.

There was a chaperone policy in place and the nurse would assist the GP with patients, where this had been requested. The GPs said there was a female GP at the Saturday morning surgery or patients could book an appointment with the nurse if they preferred to be seen by a female clinician.

The practice had access to an interpretation service when required to ensure patients understood what the GP or nurse was telling them. If a person required an interpreter this was recorded on their patient records so reception staff knew to book a longer appointment and arrange an interpreter.

Patients were registered with one of the GPs, which meant that those over 75 years of age had a named lead GP to provide consistency of care.

Staff were clear about the actions they should take if a patients behaviour was inappropriate when they attended the surgery. We were given examples of how they managed incidents and changes they made to prevent any recurrence.

Some patient comments we received stated that they waited when they attended for their appointment. We discussed this with the doctors who said that they would look at how they could reduce the waiting time and were aware how difficult it was with the small waiting area.

Involvement in decisions and consent

Patients told us they felt involved in decisions regarding their or their dependents' or child's treatment. They said

that they doctor told them how to take any prescribed medicines and that they had some choice of where they were referred to see specialists depending on what they required.

Reception staff completed training in patient confidentiality and information security and were aware of their responsibilities to maintain patient's privacy and confidentiality.

Patients we spoke with had been asked their opinion of the services provided and had completed surveys. They said they had seen a reduction in the time they waited for their appointment. We saw many of the negative comments patients made were regarding or caused by the surgery's environment and size. The GPs and practice manager told us that they were waiting for a new surgery to be built and had taken patients comments into account about what was important to them in the environment which included privacy at reception, more space in the waiting room, an area for children to play and space for pushchairs.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

We found that the services at Graham Road Surgery were responsive and organised to meet patient's needs. Patients told us they found it easy to get appointments to see the GP or nurse. The complaints procedure was clear and accessible to patients and we saw evidence that the practice had learnt from complaints.

Our findings

Responding to and meeting people's needs

The GPs were knowledgeable about the demographics of the local population and health concerns affecting their patients, ensuring health promotion and care was targeted and appropriate. Patients with long term health conditions including chronic heart disease, diabetes and cancer were invited to attend an annual health check to ensure treatments were still appropriate and no further health conditions were developing.

The practice provided services for patients with mental health issues, learning disabilities, dementia and this information was recorded on their patient records. However, we found limited information on display in the surgery to direct these patient groups to local support networks as there was a lack of space in the waiting area. We did not see evidence to show reception staff had completed training in working with people with dementia, learning disability or mental health which could help them when dealing with patients from these groups.

Access to the service

The practice was accessible to people with mobility issues, although it was very small. Staff described how they were able to support patients to access the building which ensured that they entered and left safely.

The GPs told us that they had plans to move to a purpose built surgery in the future, which would give them more room, a larger and more private reception and separate waiting area, more consultation and treatment rooms, more accessible toilet facilities and a meeting room and staff room.

The practice offered both pre-booked and emergency appointments to patients which provided flexibility. In the event of an emergency, patients could ring on the day or request a telephone call back from the GP. The GPs carried out home visits for patients who were housebound or receiving palliative care. Information about the out of hours GP service were noted on the practice website, the patient information leaflet and on the answer phone when patients rang the practice when it was closed.

The practice had procedures for dealing with repeat prescriptions. Patients we spoke with said that the process worked well for them and that they got their prescription when they expected it and they could chose the chemist to

collect their medicines from. Patients could make requests for repeat prescriptions in person or by post which was appropriate for patients who were not able to attend the surgery. Patients were reminded when they needed to book their annual medication review (when they saw the GP for a check of medicines they took to ensure they remained suitable) so that this happened in a timely manner.

Patients described the process for referrals to specialists or tests as being satisfactory with no issues raised.

Concerns and complaints

The practice had a complaints policy which was included in the practice leaflet given to new patients. Details of how to make a complaint, including the practice's response time were included on the practice website and a leaflet was available at the surgery. Most of the patients we spoke with were aware of how to make a complaint. Staff were clear about the actions they should take and said they would give patients the complaints leaflet and refer them to the practice manager. We saw records of complaints and actions taken and were told that they used complaints to learn and improve the services provided. The practice manager said that any issues would be referred to the most appropriate GP.

Are services well-led?

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

Summary of findings

We found the services at Graham Road Surgery were well-led. The GPs were clear about the improvements that were needed to the building and were planning a move to new premises to be able to meet patients' needs better. Regular meetings were held, patients were asked for their views on the service and were involved in planning for the new surgery. We saw evidence of learning from incidents with changes made to improve services.

Our findings

Leadership and culture

The GPs and staff were very much looking towards the future and moving to new premises so that they could provide services in a larger and more appropriate practice. The practice staff were committed to healthcare and aimed to provide the best possible service to all their patients. This was detailed in the practice leaflet given to new patients. Staff were clear about their role and responsibilities and the reporting systems in place. The practice worked with the CCG and were clear about local priorities. Information regarding staying healthy and preventing ill health was included on the practice website.

Governance arrangements

There were appropriate governance arrangements in place with clear lines of responsibilities and mechanisms to ensure that risks and performance were regularly reviewed and monitored. There was a programme of internal audit and the practice participated in quality and outcomes framework (QOF). (The voluntary incentive scheme used to encourage high quality care with indicators measuring how well practices were caring for their patients).

Monthly staff meetings were held and any follow-up actions were monitored. The GPs met regularly to discuss clinical issues and incidents or issues. Complaints were investigated and lessons learnt to reduce the risk of recurrence.

Systems to monitor and improve quality and improvement

The practice carried out an annual patient survey with the help of its Patient Participation Group (PPG) who had helped the GPs to develop questions for the survey and analysed responses received. This gave patients opportunities to comment about the care and treatment they received and suggest changes and improvements to the services.

The GPs worked with the Clinical Commissioning Group (CCG) and used information from their contract monitoring visits to improve the quality of care and treatment provided. The CCG compared the practice performance with other practices in the area. We were given examples of improvements made around antibiotic prescribing to ensure best value for the NHS and treatment options for patients.

Are services well-led?

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

Clinical audits were completed at regular intervals and information was used to improve the treatments provided when appropriate.

Patients surveys were completed annually and while the practice had not been able to act on any of the suggestions for improvements, they had all been used to inform the planning for the new surgery.

Patient experience and involvement

There was a PPG that had been operating for two years and had met regularly. We spoke with two members of this group who said they were as representative of the population as they could be. They told us they advertised the group on the practice website and had information in the practice leaflet. Patients we spoke with said that they had been asked to give their comments on the surgery and made suggestions for improvements and felt involved in the future plans. Results of the patient surveys were displayed on the practice website and in the surgery for patients to see. We saw improvements patients had suggested were mainly around the environment. As a result the practice had not been able to make any changes in response to patient's comments so far, although they had incorporated this information into the design and planning of the new surgery.

Staff engagement and involvement

Staff meetings were held and staff were encouraged to be involved in planning for the new surgery. Staff we spoke with were happy to be working at the practice and said that they felt involved in the surgery and that their views were taken into account by the GPs.

Learning and improvement

Complaints were audited and serious incidents were reviewed. We saw evidence of learning from incidents and changes being made to reduce the risk of recurrence. The GPs were working towards the move to new premises and the improvements to the patient experience which could be provided by having larger premises with a more appropriate waiting area, more private reception area, more suitable toilet facilities for patients and staff, a designated meeting room, a larger and more private office for the practice manager and a designated staff room.

Identification and management of risk

We saw that risk assessments had been completed around the environment with any issues identified and actions to be taken to minimise risk clearly described for staff. This meant that staff could take appropriate actions to ensure that patients and their own safety were protected.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

We found that there were arrangements in place to respond to the needs of this patient group.

Our findings

Patients we spoke with had been registered with the practice for many years and were happy and satisfied with the treatment they received. They said that they were able to make appointments to see their doctor, the system for repeat prescriptions worked for them, they were treated with respect and their privacy and dignity was maintained. There were clear arrangements for patients to have a named GP to co-ordinate their treatment.

The practice was accessible and reception staff were aware of patients who needed help and support entering and leaving the building. Home visits were provided for patients who were housebound, receiving end of life care and those too ill to attend the surgery.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

We found that there were arrangements in place to respond to the needs of this patient group.

Our findings

There were systems in place to ensure on-going monitoring of long term conditions to check treatment plans remained appropriate and no new health conditions were developing. Two of the GPs had completed training in diabetes care and provided regular diabetes clinics. The nurse and GPs carried out regular checks on patients with asthma and breathing difficulties and heart disease. Annual medicine reviews were held to check that treatment remained appropriate and cost effective. Patients told us that the repeat prescription process was convenient. The practice offered smoking cessation support and carried out regular checks of lungs for patients who smoked. The practice had regular meetings with other health professionals which provided joined up care and treatment for patients. When patients were receiving end of life care this was recorded for the out of hours service.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

We found that there were arrangements in place to respond to the needs of this patient group.

Our findings

The practice employed a nurse who provided health checks and immunisations in line with the 'Healthy Child Programme' for babies and children. New mothers were given the six week check, which included screening for depression which meant that any referrals needed could be made quickly. The practice website and information leaflet noted that contraceptive and sexual health advice was provided and chlamydia tests could be carried out at the practice.

There was a female locum GP for patients who preferred to see a female doctor. A chaperone policy was in place (this is when another member of staff is present during an examination or consultation).

Staff told us that they were able to give priority, same day appointments to babies and young children when they were unwell.

Systems were in place for communication with other health and social care professionals which meant patients received joined up care and treatment.

The recording system identified when children were looked after by the local authority and the GPs were aware of the need for annual health checks for these patients.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

We found that there were arrangements in place to respond to the needs of this patient group.

Our findings

There was a Saturday surgery which meant that working people could book to see the doctor without having to take time off work. Patients were offered choice when referred to other services.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

There were arrangements in place to respond to the needs of this patient group.

Our findings

We were told that the doctors would see any patient who attended the practice. There were low numbers of patients with learning disabilities. These patients were offered annual health checks and medication reviews. There was a chaperone policy in place, this meant relatives and carers could attend these appointments and the nurse was available if required. Referrals were made to other health and social care services so vulnerable patients accessed appropriate services to meet their individual needs. Policies for safeguarding were in place and staff were aware of actions they needed to take to raise concerns to the local authority. The practice had access to translators and British Sign Language interpreters when required. We found that there were arrangements in place to respond to the needs of this patient group.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

There were arrangements in place to respond to the needs of this patient group.

Our findings

Patients were offered regular reviews of treatment and annual reviews of medicines to ensure they remained appropriate. There were suitable processes in place for patients to request repeat prescriptions. The surgery worked with other health and social care professionals which offered joined up care for patients. An example of this was the three monthly meetings held with mental health professionals.