

# Wickham Park Surgery

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wickham Park Surgery on 14 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, not all staff were aware of the location of the practice emergency equipment and medicines.
- 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 adequate facilities and was equipped to treat patients and meet their needs. However, the premises had restricted capacity and was in need of updating and redecoration. The provider was awaiting the outcome of negotiations with NHS England regarding the possibility of relocation to purpose-built premises in 2018.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas where the provider should make improvements.

# Summary of findings

- The provider should keep a record of batch numbers of blank prescriptions placed in printers.
- The provider should ensure all staff are aware of the location of emergency medicines and equipment.
- The provider should consider completing an action plan to identify priority issues to be addressed in

relation to the practice facilities if negotiations for relocation are unsuccessful and to cover the interim period, before the move takes place, if negotiations are successful.

**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. For example, a process was in place to diarise the follow up of cancer referrals one month after the referral date.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes were above or comparable to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of annual 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 most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 adequate facilities and was equipped to treat patients and meet their needs but the premises needed updating and redecoration. The property also lacked the capacity to accommodate the expansion of services needed to respond to the growing patient list size. However, the partners were aware of these issues and had taken steps to address them. The provider was awaiting the outcome of negotiations with NHS England regarding the possibility of relocation to purpose-built premises in 2018.
- 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



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular team meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifying incidents and 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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Performance for Quality Outcomes Framework (QOF) indicators for conditions found in older people were above the Clinical Commissioning Group (CCG) and national average.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Annual Flu Clinics were held in a local church hall for ease of access to patients and refreshments were provided to encourage patients to spend time talking and socialising.

Good



### People with long term conditions

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

- GPs worked closely with practice nursing staff and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related Quality Outcomes Framework (QOF) indicators was 94% which was above the local average of 87% and national average of 89%.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. These patients were discussed at the quarterly multi-disciplinary team meetings.
- The practice had developed protocols which flag patients who might be at risk of developing long-term conditions related to historical disease or treatment.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children 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. A 'Congratulations' letter was sent to postnatal mothers which encouraged them to attend for screening and immunisations.
- The practice offered post-natal and routine temporary resident care to patients in the Mother and Baby Unit of the local mental health trust.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- The percentage of women aged 25-64 years who had received a cervical screening test in the preceding 5 years was 87% which was comparable to the CCG average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives who held an antenatal clinic at the surgery every fortnight and Health visitors, from both local CCGs, who attended quarterly safeguarding meetings at the surgery.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services. Patients were notified of the receipt of pathology test results by text and the practice provided systems for the requesting of repeat prescriptions through the on-line system and by email.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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, travellers and those with a learning disability.

Good





# Summary of findings

- In the winter months the practice partners volunteer at the local homeless shelter.
- The practice provided care for a large refugee population housed in the practice catchment area and maintained strong links with the local interpreting services and refugee support charities and were aware of referral routes to specialist services for victims of torture.
- The practice offered longer appointments and annual reviews for patients with a learning disability. 100% of patients had attended for their annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

## 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).

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was above the CCG and national average of 84%.
- 96% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months, which was above the CCG average of 84% and national average of 88%.
- 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.
- A counsellor held twice weekly clinics in the surgery.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice provided patients with CDs for relaxation exercises and coping with anxiety advice.
- 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.

Good



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia and would alert the partners if they had concerns regarding a patient's memory.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local clinical commissioning group (CCG) and national averages. 269 survey forms were distributed and 124 were returned. This represented a response rate of 46% (2.5% of the practice's patient list).

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 82% 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 70% and national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We received 34 comment cards which were all positive about the standard of care received. Patients described the practice as excellent and commented that patients were

always treated with courtesy and respect. Two cards also included negative comments, one comment referred to difficulty obtaining a home visit and one comment referred to difficulty obtaining an appointment. Comments were also received regarding the cramped and shabby appearance of the practice but these comments were all supported by statements confirming that this did not adversely affect the care received by patients.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and all patients commented that they would definitely recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- February 2016 (74 respondents) – 85% of patients were likely to recommend the practice.
- March 2016 (107 respondents) – 90% of patients were likely to recommend the practice.
- April 2016 (91 respondents) – 88% of patients were likely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should keep a record of batch numbers of blank prescriptions placed in printers.
- The provider should ensure all staff are aware of the location of emergency medicines and equipment.

- The provider should consider completing an action plan to identify priority issues to be addressed in relation to the practice facilities if negotiations for relocation are unsuccessful and to cover the interim period, before the move takes place, if negotiations are successful.

# Wickham Park Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

## Background to Wickham Park Surgery

Wickham Park Surgery is situated in a converted house in a residential area of West Wickham, in the London Borough of Bromley. Bromley Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

In 1981 the practice moved to the current premises at 2 Manor Road, West Wickham, Bromley BR4 9PS. The practice list size has almost doubled since moving to the property with the result that the practice has outgrown the premises.

The practice is registered with the CQC as a Partnership. Services are delivered under a Personal Medical Services (PMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 5040 registered patients. The practice age distribution is similar to the national average. The surgery is based in an area with a deprivation score of 9 (with 1 being the most deprived and 10 being the least deprived).

GP services are provided by two full time GP partners (male and female); two part-time salaried GPs (0.75 wte) and one part-time locum GP (covering maternity leave) (0.33 wte).

Clinical services are also provided by two part-time Practice Nurses (0.71 wte) and one part-time Health Care Assistant (0.42 wte).

Administrative services are provided by a Practice Manager (1.0 wte), a Reception Manager/Administrator (1.0 wte), a Secretary/Records Summariser (0.42 wte) and five part-time reception staff (2.79 wte).

The practice provides the following Directed Enhanced Services (DES): Childhood Vaccination and Immunisation Scheme; Extended Hours Access; Facilitating Timely Diagnosis and Support for People with Dementia; Influenza and Pneumococcal Immunisations; Learning Disabilities; Minor Surgery; Rotavirus and Shingles Immunisation and Unplanned Admissions. (Enhanced Services are services which require an enhanced level of provision above what is expected under a core contract).

Wickham Park Surgery is a teaching practice providing placements for medical students from Kings College London GKT School of Medicine.

The reception and telephone lines are open between 8am and 6.30pm Monday to Friday with extended hours for reception from 7.15am to 8am on Friday and from 6.30pm to 8pm on Tuesday.

Pre-booked and urgent appointments are available with the GP from 8.30am to 11.30am and from 4pm to 6pm Monday to Friday. In addition a Monday surgery offers appointments between 1.30pm and 3.30pm. Extended hours are provided between 6.30pm and 8pm on Tuesday and between 7.15am and 8.30am on Friday.

Appointments are available with the Practice Nurse between 9am and 1pm Monday to Friday and between 4pm and 6.30pm Tuesday and Wednesday. Extended hours are provided between 6.30pm and 8pm on Tuesday and between 7.15am and 8.30am on Friday.

# Detailed findings

Appointments are available with the Health Care Assistant between midday and 5pm on Wednesday and between midday and 6pm on Thursday and Friday.

When the surgery is closed, urgent GP services are available via NHS 111.

An informative practice leaflet and practice website provide details of services provided by the surgery and within the local area.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 June 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, Salaried GPs, a Practice Nurse, the Practice Manager and reception and administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.

- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there were incident recording forms available on the practice's computer system for the reporting of Information Governance incidents and Serious Event Analysis. The recording forms 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 and an evaluation of the incident was discussed at weekly Partners meetings which were also attended by the Practice Manager. Learning was shared with staff at quarterly practice meetings and dissemination of information and implementation of required changes were actioned immediately where appropriate.

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, the door of the vaccine fridge had been left open despite the locking system being secured. This had resulted in the readings exceeding the recommended temperatures. The appropriate protocol for such an incident was followed and some vaccines were discarded as advised. As a result of the investigation of the incident, a safety latch was fitted to the fridge to ensure the door must be fully closed before locking and a twice daily fridge temperature check was implemented (at the beginning and end of each day).

### 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.

- 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 required 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 Safeguarding level 3 and Practice Nurses to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse or health care assistant would usually act as a chaperone but all administrative and reception staff had also been trained for the role of chaperone and had received a Disclosure and Barring Service (DBS) check. This included the male Reception Manager who was able to act as a chaperone for male patients if required. (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 and one of the GP partners were the infection control leads for the practice and 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. An annual infection control audit had been carried out by the Clinical Commissioning Group (CCG) and the practice carried out a quarterly audit. We saw evidence that action was taken to address any improvements identified from audits.
- 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

## Are services safe?

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 the use of prescription pads. However, a record was not kept of batch numbers of blank prescriptions placed in printers.
- The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer some 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).
- We reviewed nine 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 with a poster in the reception office and administration office which identified health and safety representatives. The practice had up to date fire risk assessments and carried out quarterly fire evacuation drills and a weekly check of fire equipment and exits.
- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment

was calibrated annually to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, asbestos 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 the different staffing groups to ensure enough staff were on duty. Administrative staff provided annual leave cover for colleagues and locum GP cover was delivered by regular locums from Bromley CCG GP locum bank.

### 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. A panic button was also available via the telephone system.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- 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.
- 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 and the address of a local surgery for relocation if required. Copies of the plan were also kept off-site with the partners, Practice Manager and at the relocation site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/15) showed that the practice achieved 98% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 94% and national average of 95%.

The practice exception reporting rate was 7.9% which was similar to the CCG average of 8.0% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- QOF performance for diabetes related indicators was 94% which was above the CCG average of 87% and national average of 89%.
- QOF performance for mental health related indicators was 100% which was above the CCG average of 91% and national average of 93%.

Exception reporting for both of these indicators was below the national average.

There was evidence of quality improvement including clinical audit. The practice participated in local audits, national benchmarking, accreditation and peer review.

We looked at seven clinical audits completed in the last two years. Five of these were two-cycle audits where the improvements identified were implemented and monitored by the practice. Information about patients' outcomes was used to make improvements in care such as an audit carried out to review the percentage of patients on the practice rheumatoid arthritis register to ensure they all had:

- a face-to-face annual review
- a cardiovascular risk score in the preceding 12 months
- a fracture risk score in the preceding 24 months
- a regular blood test (for patients on Disease-modifying antirheumatic drugs (DMARDs)).

As a result of the findings of the audit a recall system for patients was developed and implemented to ensure the QOF requirements were met and a template was developed to provide a holistic review of patients with rheumatoid arthritis that included coding requirements for QOF performance monitoring.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses reviewing patients with long-term conditions received appropriate training for the disease areas they reviewed.
- 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 through discussion and support from colleagues.



# Are services effective?

## (for example, treatment is effective)

- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for vaccines given to under two year olds ranged from 84% to 96% and five year olds from 89% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. 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 34 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey also showed that 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 compared to the local clinical commissioning group (CCG) and national average. For example:

- 93% of patients said the GP was good at listening to them, compared to the CCG average of 87% and the national average of 89%.
- 93% of patients said the GP gave them enough time, compared to the CCG average of 84% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and the national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 82% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 90% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful, compared to the CCG average of 86% 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.

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 above local CCG and national averages. For example:

- 91% 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%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 79% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients become involved in decisions about their care.

- Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients

## Are services caring?

this service was available. There was also a 'language card' available in reception for patients who did not speak English to point to the language for which they required an interpreter.

- Information leaflets were available in the waiting room on a variety of health related subjects.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 138 patients as

carers (2.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Where appropriate the practice used the Carer Strain Index tool to assess support required.

Staff told us that if families had suffered bereavement, their usual GP contacted them and a sympathy card was sent. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. All staff and the patient's pharmacist were informed immediately of the death of a patient and an entry was coded on the patient's record to monitor if the place of death was as chosen by the patient.

# 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.

- The practice offered extended hours on a Tuesday evening between 6.30pm and 8pm and on a Friday morning between 7.15am and 8am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- 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 a same day consultation.
- Patients were able to receive travel vaccines available on the NHS. Patients were signposted to other clinics for vaccines only available privately which were not provided at the surgery.
- The property required redecoration and lacked the capacity to accommodate the expansion of services needed to respond to the growing patient list size. However, the partners were fully aware of these issues and had taken steps to address them. The provider was awaiting the outcome of negotiations with NHS England regarding the possibility of relocation to purpose-built premises in 2018.
- There were disabled facilities, a hearing loop and interpreting services available. However, due to the limitations of the building some rooms were not accessible by wheelchair. The practice would ensure however that alternative consulting arrangements were made for these patients, eg an alternative consulting room or a home visit as appropriate.

### Access to the service

The reception and telephone lines were open between 8am and 6.30pm Monday to Friday with extended hours for reception provided from 7.15am to 8am on Friday and from 6.30pm to 8pm on Tuesday.

Pre-booked and urgent appointments were available with the GP from 8.30am to 11.30am and from 4pm to 6pm Monday to Friday. In addition a Monday surgery offered appointments between 1.30pm and 3.30pm. Extended hours are provided between 6.30pm and 8pm on Tuesday and between 7.15am and 8.30am on Friday.

Appointments are available with the Practice Nurse between 9am and 1pm Monday to Friday and between 4pm and 6.30pm Tuesday and Wednesday. Extended hours are provided between 6.30pm and 8pm on Tuesday and between 7.15am and 8.30am on Friday.

Appointments are available with the Health Care Assistant between midday and 5pm on Wednesday and between midday and 6pm on Thursday and Friday.

In addition to pre-bookable appointments that could be booked up to two months in advance, urgent appointments were available on the same day 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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% 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.

### Listening and learning from concerns and complaints

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

- The practice 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.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency. Lessons

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

were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care provided. For example, the practice failed to inform a patient that the hospital had notified the practice that the results of pre-operative tests

meant that the patient's' planned surgery had been cancelled. The practice procedure for actioning tasks was changed as a result. All significant tasks are now flagged as urgent and automatically moved to the top of the reception task list. Urgent tasks are now completed on the same day.

# 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements 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 and training for all staff on communicating with patients. 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 by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG consisted of a committee of ten patient representatives who met every six months and an on-line group of 295 members who communicated by email. The group carried out patient surveys and submitted proposals for improvements to the practice management team. Examples of changes that had been implemented by the practice following feedback from the PPG include:

- An automated check-in facility and repeat prescription request box to reduce queuing at reception.
- The installation of an additional telephone line and promotion of the on-line booking system to reduce delays when telephoning the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

## Are services well-led?

Good 

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

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