

# Dr C Wilcock & Partners

## 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?	Outstanding	

# 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 Dr C Wilcock and Partners on 20 November 2015. 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.
- Data showed patient outcomes were at or above the local averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

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

We saw some areas of outstanding practice:

- The practice recorded and responded to issues patients experienced with other health services. They recorded when other health professionals did not attend booked home visits for their patients. They also reviewed all discharge letters and when these were not completed in full or included incorrect details, they requested the required details from the service and referred their concerns to the CCG to be addressed. These were reviewed as significant events within the practice to ensure patients received appropriate care and treatment.

# Summary of findings

- The practice had a long history of providing services to vulnerable patients in the population and demonstrated changes they had made to services to meet the needs of different vulnerable people. For example they provided longer appointments for patients who were refugees and those who required interpreters when they did not have English as their first language. They had systems to sign post refugees to local support services for information and advice. The practice had provided services to local units providing shelter to women and children fleeing domestic violence. The practice was currently providing GP services to a unit providing accommodation to offenders who had just been released from prison.
- The practice achieved Investors in People in Champion in 1998 and Champion Status which in 2005 and went on to mentor and support 10 other practices in the Investors in People journey to achieve this for themselves.

The areas where the provider should make improvement are:

- Update emergency medicines to ensure they were able to deal with a range of medical emergencies.
- Advertise the complaints procedure for patients and display information advising patients that nurses would act as chaperones if required.

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.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were mainly in line or above average for the local area.
- 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 and there was a skill mix of clinical staff.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said staff respected their dignity and privacy and they were treated with compassion. Patients told us they were involved in decisions about their care and treatment.
- Information for patients about the services provided was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It knew 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. For example they reviewed their appointment system to include GPs contacting patients who request urgent appointments to ensure this was the best way to meet their health need. They had developed patient information leaflets to help patients understand when to attend urgent care and accident and emergency services, to reduce pressure on these local services.
- Patients said they found it easy to make an appointment with their GP and they received continuity of care. Urgent appointments were available the same day.
- The practice had suitable facilities and was well equipped to treat patients and meet their needs.
- While the practice had suitable complaints policies and procedures these were not readily available to patients, although patients we spoke with did not see this as an issue. Evidence showed that the practice responded quickly and appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision with providing high quality and safe services as its priorities. The strategy to deliver this vision was discussed with all staff and this was reviewed and updated when required.
- High standards were promoted and owned by all practice staff and teams worked together across all roles to meet these standards.
- Governance and performance management arrangements were reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning for both clinical and non-clinical staff.
- There was a high level of staff satisfaction and low staff turnover.
- The practice gathered feedback from patients using new technology, and it had an active patient participation group which influenced practice development. For example the practice made changes to their appointment system and GP triage in response to patient feedback.

Outstanding



# Summary of findings

- The practice displayed strong leadership by mentoring other practices and leading in pilot projects.

# 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.

- Older people made up 24% of the practice registered population. The practice provided a named GP for all patients over 75.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a service to a nursing home and one of the GPs visited twice each week and in-between when required. They provided end of life care, annual flu vaccinations, carried out regular medicine reviews and reviewed all unplanned admissions to hospital. They also provided services to a number of patients living in shelter housing.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice worked with other health and social care professionals including falls teams to help reduce the risk of unplanned admissions to hospital.
- The practice identified they had a high percentage of patients needing nursing and palliative care services. They worked with the palliative care team to ensure these patient's needs were known and met compassionately and their relatives and carers received extra support when required.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed outcomes for patients with diabetes were in line or above both local and national averages. For example 87% had a flu vaccination, 74% had their cholesterol measured in the last year and 92% had their feet examined in the last year.
- Longer appointments and home visits were provided when needed.

Good



# Summary of findings

- All these patients had a named GP who carried out a structured annual review to check that their health and medicines needs continued to be met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances.
- The practice used 'celebrate and protect' style birthday cards to remind parents to bring their children for their childhood immunisations. Immunisation rates were in line or just below the local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Data showed 81% of women attended for a cervical smear test which was in line with local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies with sufficient room for pushchairs and a separate waiting area with a range of toys for younger children.
- The practice liaised with midwives and health visitors to identify children in need and those at risk and there was a system on the patient record to identify these patients. Midwives attended the practice weekly to provide an antenatal clinic.
- The practice provided services to children who were looked after by the local authority and this was identified on the individual patient record.
- The practice offered a full range of family planning and sexual health advice.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible

Good





# Summary of findings

and offered continuity of care. For example they provided booked appointments from 7.30-8.00am two mornings a week and from 6.30pm-7.00pm every weekday evening. In addition, the GPs provided telephone appointments.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice website included information about common health conditions and information about local health services.

## 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, those with a learning disability and people who used domestic violence services. The practice held a weekly clinic for patients experiencing domestic violence. They had recently started to provide services to a residential unit for ex-offenders.
- It provided a service to a care home for people with learning disabilities and all these patients received an annual health check. The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multidisciplinary teams to provide joined up care and treatment to vulnerable people.
- It had told 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 and were clear about their responsibilities to report concerns and how to contact relevant agencies in and out of office hours.

Good



## 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).

- Eighty per cent of the 38 people with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice kept a register of people experiencing poor mental health. Data showed 90% of the 80 patients experiencing poor mental health had a care plan that was reviewed which was

Good



# Summary of findings

above the national average of 86%. Ninety two per cent of these patients had a record of their alcohol consumption above the national average of 89%. They provided longer appointments at times that suited this patient group.

- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations in the local area.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and had completed training in dementia care so they could meet the specific needs of this patient group.

# Summary of findings

## What people who use the service say

We spoke with 10 patients and two members of the Patient Participation Group. We looked at results from the GP patient survey published on 2 July 2015. The practice carried out their own patient survey in 2015. It received 116 surveys which represented 1.52% of the practice population. The completed surveys indicated patients found it easy to get through to the practice on the telephone, they rated reception staff as excellent to good, they reported good access to urgent on the day appointments, they felt clinical staff dealt with their concern appropriately and that they had a good to excellent attitude.

The results from the 2015 National GP survey involved 368 surveys being sent out, with 120 returned giving a 32.6% completion rate.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 91% found the receptionists at this surgery helpful above the CCG average of 86% and national average 87%.
- 95% were able to get an appointment to see or speak to someone the last time they tried above the CCG and national averages of 84% and 85%.

- 95% said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 85% described their experience of making an appointment as good (CCG average 72%, national average 73%).
- 67% usually waited 15 minutes or less after their appointment time to be seen (CCG average 58%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed two weeks before our inspection. We received 90 comment cards all of which were positive about the service, staff and the care and treatment provided. Patients said that staff were friendly, polite, helpful, caring and GPs were compassionate, sympathetic, attentive, professional and efficient. Patients told us the environment was always clean and accessible.

Comments from patients we spoke reflected these comments regarding staff, treatment, access to appointments, the environment and cleanliness.

# Dr C Wilcock & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP and practice manager specialist advisor, an Expert by Experience and three CQC inspectors. The specialist advisors were granted the same authority to enter registered persons' premises as the CQC inspectors.

## Background to Dr C Wilcock & Partners

The practice operates from one location also known as Friends Road Medical Practice. They have below the local and national average number of children under 18 years of age and around the local and national average number of people aged over 65. However, they have a higher proportion of patients aged over 75 and 85 years compared to local averages. Just under half the patient population is from a black and ethnic minority background. Fifty three per cent of patients have long standing health conditions, which is in line with local and national averages. Twenty per cent of patients have caring responsibilities which was just above local and national averages of 16% and 18% and 63% of patients are in paid work or full time education, in line with the CCG average of 65% and the national average of 60%. It is in the fifth most deprived area of England. The practice is registered as a partnership of two GPs and the practice manager, and registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures, treatment disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice provides primary medical services through a Primary Medical Services (PMS) contract. A PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice provides a range of services including long term condition management, minor surgery, health promotion, cervical smears, child and adult immunisations, family planning, maternity care and smoking cessation to just under 8,000 patients in Croydon.

The practice is a member of Croydon Clinical Commissioning Group (CCG) and is one of 58 member practices. It comprises of two male GP partners and two female salaried GPs (equivalent to 3.4 full time GPs), two part time practice nurses (equivalent to 1.5 full time equivalents). There is a full time practice manager and operations manager and ten administrative and reception staff.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 9.00 to 11.30am every morning and 4.30pm to 7.00pm daily. Extended hours surgeries are between 7.30am and 8.00 am Tuesday and Wednesday mornings and 6.30 and 7.00pm Monday to Friday.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by the locally agreed out-of-hours provider for the CCG.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider has not been inspected before and that was why we included them.

# Detailed findings

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. This 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 November 2015. During our visit we:

- Spoke with ten patients and two members of the Patient Participation Group.
- Spoke with a range of staff including three GPs, one nurse, the practice manager, operations manager and four administrative and reception staff.
- We observed staff interactions with patients in the reception area.
- We looked at the provider's policies and a range of records including staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits.
- We looked at how medicines were recorded and stored.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with visiting professionals including one social worker.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice carried out an annual review of significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. National patient safety alerts were received by the practice manager and passed on to relevant staff. We saw these were passed on the day they arrived and they were discussed at clinical meetings. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident with electronic repeat prescribing the learning was shared with all staff at the practice and with practices across the Clinical Commissioning Group (CCG) area. The practice also recorded issues patients experienced with other health services. For example when community health professionals missed a home visit appointment with a patient, these were reported to the respective provider and the CCG commissioners. They also reviewed all hospital discharges and where the discharge summaries were incomplete or did not include all the detail required these were followed up and reported to the CCG commissioners to raise with the service provider.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies and details of actions they should take were accessible to all staff.

The policies clearly outlined who to contact for further guidance if staff were concerned about a patient's welfare. We saw information in each of the consultation and treatment rooms showing staff the actions they should take in the event of a safeguarding concern. One of the GPs was the practice safeguarding lead. The GPs provided reports for safeguarding meetings if they were not able to attend in person. Staff demonstrated they understood their responsibilities to report safeguarding concerns and all had received training relevant to their role. GPs and nurses were trained to child safeguarding level 3 and non-clinical staff were trained to level 1. While there was no register of patients on the safeguarding register, they were identified on the electronic patient record and the practice held regular monthly meetings with health visitors and social workers when safeguarding were discussed.

- The practice policy was for nurses to act as chaperones, if required. They adhere to the Nursing and Midwifery Council guidelines on chaperoning. The nurses were trained for the role and had received a disclosure and barring service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There were no signs to inform patients that they could request a chaperone to be present if they were having an examination.
- The practice maintained appropriate standards of cleanliness and hygiene. A cleaner was employed who attended the practice daily. We observed the premises to be clean and tidy, patients confirmed the practice was always clean. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Staff knew the location of spillage kits and told us what the procedure was in case of a spillage. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Arrangements for monitoring immunisations was generally safe. The temperatures in fridges had been taken most days and

## Are services safe?

staff were clear of the actions to take if the temperature went outside the 'safe' range. Arrangements were in place for stock to be rotated. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed 11 staff personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Only one reference had been received for one member of staff.

### 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 practice specific health and safety policy and posters were displayed for staff. The practice carried out regular fire drills. The practice carried out a risk assessment regarding the need for portable electrical appliance to be tested which identified this was not required. Clinical equipment was checked annually to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella although there was no overall risk assessment.

- The practice had arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for different staffing groups to cover staff leave to ensure continuity of service.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and alarms in all the consultation and treatment rooms which alerted staff to any emergency. Staff we spoke with were clear about the actions they needed to take in response to the alarm sounding and they had not needed to use them.
- All staff received annual basic life support training.
- The practice had a defibrillator with adult pads and oxygen with adult and children's masks.
- There was a first aid kit and accident book.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. However there were some items of emergency medicines that the practice did not hold.
- The practice had developed a business continuity plan which detailed how to respond to major incidents such as severe weather, power failure or building damage. The plan included details of buddy practices where the practice would move to if necessary and had emergency contact numbers for staff and contractors.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw assessments were completed and best practice guidance had been followed in patient records viewed.
- Clinical staff completed training in managing a range of long-term conditions with one of the nurses taking a lead in diabetes with the provision of an education course for patients newly diagnosed with the condition. One of the GPs took the lead for conditions linked to older people and another for learning disabilities and another female GP took the lead in women's health.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 7.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar or above the CCG and national average. For example, the number of patients whose blood test results indicated their diabetes was well controlled was 73.1%, above the local average, although below the national average of 77.2%.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medication was 100%, 3.9% above the CCG and 7.1% above the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was 86.7%, in line with local and national averages.
- Performance for mental health related indicators was better than the local and national averages. For example 92.3% had a care plan, 7% and 4% above the local and national averages and 92.3% had a record of their alcohol consumption which was above the local and national averages.
- The number of patients with dementia who had an annual review of their care and treatment was 80% comparable to the local and national averages of 84.8% and 80%.
- The practice monitored patients with long term medical conditions and invited these patients for regular medicine reviews.
- The practice used care plans for those most at risk of unplanned admissions which included working with local care homes to reduce the number of unplanned admissions.

Clinical audits demonstrated quality improvement.

- We looked at a sample of three clinical audits conducted in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. For example, an audit of surgical procedures in the previous twelve months showed after a one and two month follow up to check progress, no infections and no further action was required. The practice agreed an audit of patients with HIV was required to ensure the electronic patient record was completed in full with the aim to ensure all prescribing staff were aware of the effect of HIV treatments on medicines for treatment of other medical conditions. While this audit was not complete the practice had identified patients for review and plans were in place for the cycle to be completed.

Information about patients' outcomes was used to make improvements. For example, recent action taken to improve the outcomes for patients with diabetes included the GPs and nurses attending updating training with a view



# Are services effective?

## (for example, treatment is effective)

to the nurses providing newly diagnosed patients with an education programme to help the patient understand and manage their condition. The practice had identified they had low numbers of patients with chronic obstructive pulmonary disorder (COPD). After an audit patients were invited to a joint clinic with the COPD nurse. This led to 10 patients being diagnosed with COPD and receiving appropriate care and treatment for their condition.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that included: confidentiality, health and safety including fire safety, infection control and safeguarding.
- The practice provided staff with protected time to attend regular training and updating training. Staff we spoke with had attended role specific training. For example nurses attended training in administering vaccinations, taking samples for cervical screening, updates in diabetes care and heart failure and advice regarding alcohol and smoking.
- The learning needs of staff were identified through a system of yearly appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: basic life support, fire safety, infection control, information governance and safeguarding. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together to meet patients' needs. The practice worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice reviewed all discharge summaries and when they found information was incomplete, they went back to the service for further details and referred issues to the CCG to be addressed. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The practice had suitable arrangements to ensure test results were dealt with on the day or day after they were received. There were systems to receive information from the out of hours provider and for the practice to send updated care plans to this service when required.

### 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, where appropriate, recorded the outcome of the assessment.
- Written consent was obtained for some procedures when required. Clinical staff were clear about the requirements for parents to give consent for childhood

# Are services effective?

## (for example, treatment is effective)

immunisations. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, patients aged over 75, patients with a learning disability and patients experiencing poor mental health. Patients were then signposted to relevant health and support services.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 81.2%, which was comparable to the CCG and national average of 81.8%. There was a policy to provide telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 91%. The immunisation rates for five year olds were in line or just

below the CCG average. The practice used celebrate and protect cards which were sent to parents to remind them when their child's next immunisation was due. Flu vaccination rates for those with diabetes were 86.9%; while this was 3.1% below the local and 7.5% below the national average this was an increase from the previous year and showed the practice action plan to increase the number of patients receiving the flu vaccination was having an impact.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and health checks for patients with chronic diseases and other patient groups. When new patients registered with the practice they were invited to complete a health questionnaire which detailed their health and medical history including allergies, details of any family medical conditions and details of alcohol consumption and if the patient smoked. This information was used to signpost patients to support organisations when required. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice was participating in a pilot with public health to help patients identify issues regarding alcohol consumption and provide advice and support with the aim of reducing accident and emergency admissions as a result of alcohol related problems. Although they had only been involved in this pilot for two months and it was too early to see the impact on patients, a formal review was due to take place in four months.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff at Friends Road were courteous and very helpful to patients, treating people with dignity and respect. Examples of this were seen to include non-clinical staff greeting patients personally and enquire on the general well-being of patients and their family members.

The inspection team also found;

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and that 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 90 patient CQC 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 also spoke with two members of the patient participation group (PPG). The group met regularly and engaged with the practice to discuss improvements. A recent example of this was that all staff now wore name badges on the recommendation of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 91% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.

- 95% said they had confidence and trust in the last GP they saw which was in line with local and national averages.
- 84% said the last GP they spoke to was good at treating them with care and concern, in line with the CCG average of 81% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern, in line with the CCG average of 88% and national average of 90%.
- 91% said they found the receptionists at the practice helpful which was above the CCG average of 86% and national average of 87%.

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

Patients told us that 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 on 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 in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%).

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

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations in the local area. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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. For example they reviewed their appointment system to include telephone consultations. GPs contacted patients requesting urgent appointments to ensure this was the best way to meet their health need. The practice had developed patient information leaflets to help patients understand when to attend urgent care and accident and emergency services, to reduce the pressure on these local services. The practice had a long history of providing general practice services to vulnerable groups including refugees, women fleeing domestic violence and offenders recently released from prison and demonstrated their ability to meet the specific health needs of these patients.

- The practice offered booked appointments from 7.30am-8.00am two mornings a week and every weekday evening from 6.30pm-7.00pm for working patients who could not attend during normal opening hours.
- The GP ran twice weekly clinics at the nursing home where they provided services.
- There were longer appointments available for people with a learning disability and those with long term conditions when required.
- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those who needed to see their GP urgently.
- The practice used interpreters and patients who needed these were offered 20 minute appointments.
- The practice had disabled facilities, a hearing loop and translation services were available.
- The practice did not have a lift, although patients and staff confirmed this did not cause problems because clinical staff saw patients in ground floor consultation and treatment rooms. Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries are between 7.30am and 8.00 am Tuesday and Wednesday mornings and 6.30 and 7.00pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had initiated a telephone triage system where GPs rang patients who requested an urgent appointment to ensure attending an appointment was the best option for the patient.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line or above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 77% of patients were satisfied with the practice opening hours compared to the CCG average of 76% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone above the CCG and national averages of 74% and 73%.
- 85% patients described their experience of making an appointment as good above the CCG average of 72% and national average of 73%.
- 67% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 65%.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England, although they did not include details of the ombudsman, which was added after our inspection.
- There was a designated responsible person who handled all complaints in the practice.
- While the practice had a complaints policy for patients we did not see it displayed at the practice and it was not on the practice website, this was rectified during our inspection visit. Patients we spoke with had not needed to make a complaint but would speak with their GP or reception staff and felt they would be listened to.

We looked at the three complaints received in the last 12 months and found they had all been responded to in line

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

with the practice policy. Responses included an apology, in addition, the practice made follow up phone calls to check patients were satisfied with responses to complaints. The

practice reviewed all complaints annually, lessons were learnt and actions taken to improve the quality of care provided. We saw meeting minutes included sharing learning from complaints received with all staff.

# Are services well-led?

Outstanding



(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 all patients, particularly those who were vulnerable due to their circumstances including people experiencing domestic violence, refugees and offenders. They demonstrated a systematic approach to working with other organisations to improve care outcomes and tackle inequalities.

- The practice had a mission statement that was agreed by all staff at a practice away day in which they said they provided 'General Practice at its best'.
- The practice values were driven by the management team and embraced by all practice staff we spoke with.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice worked on local initiatives to improve services for patients and demonstrated good knowledge of the needs of specific patient groups in particular vulnerable patients.

### 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 all staff were aware of their own roles and responsibilities;
- Staff had access to the support they needed, training to carry out their role and had an annual appraisal;
- Practice specific policies were implemented, kept under review and were available to all staff on the electronic recording system;
- There was a comprehensive understanding of the performance of the practice, one of the partners attended meetings with the CCG where performance data was discussed;
- Clinical and internal audits were used to monitor quality and to make improvements;

- The partners and the practice manager held weekly business meetings and six weekly partners meetings to discuss the practice performance and identify areas for development in the future;
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care with patients at the core of everything they did. The partners were visible in the practice and worked to motivate and support staff. Staff told us that the partners were approachable and always took time to listen to them.

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 knowing about notifiable safety incidents and took the necessary action to deal with them in a timely manner.

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.
- They 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.

- The GP partners had recruited a business partner to oversee the management of the practice and enable them to concentrate on clinical areas. One of the GPs had an interest in information technology and the practice had been computerised since 1992. This GP was a member of the Clinical Commissioning Group IT strategy group and kept the practice up to date with electronic advances and enabled sharing of information with other practices in the area.
- Staff told us that the practice held regular team meetings. Meeting minutes reviewed showed team meetings were held every month.

# Are services well-led?

Outstanding



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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the services provided by the practice.
- There were high levels of staff satisfaction. Staff told us they were proud to be working at the practice and spoke highly of the positive and inclusive culture, the opportunities they had for training and the support they received to carry out their role.

## Practice seeks and acts on feedback from its 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met twice a year, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice made changes to the appointment system and started GP triage in response to patient feedback through the PPG. Members of the PPG we spoke with said they felt able to raise issues with the GPs and that they would be listened to.
- The practice had also gathered feedback from staff through staff meetings, staff away days, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example staff told us they felt able to raise concerns and they would be listened to. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The partners took lead roles in piloting projects both at the practice and within the local area. For example:

- The practice had taken a lead role in an alcohol identification and advice pilot scheme in conjunction with Public Health England which commenced in September 2015. This aimed to identify and engage with patients to reduce accident and emergency admissions as a result of alcohol related problems. GPs, nurses and senior managers had completed alcohol e-learning training and a protocol was implemented in the clinical system which would identify at risk patients by way of a pop up box set up by one of the practice GPs. This pop up box triggered an analysis of patient's alcohol consumption. A full audit trail was kept and showed there had been intervention for some patients drinking excessively on a regular basis and of these patients, brief intervention was required and follow-up consultations were provided or referral to external agencies. Since the pilot commenced, 278 patients had completed the full audit, 42 patients were identified as drinking excessively on a regular basis. Out of those 42 patients, 6 patients had engaged with the pilot and agreed to make follow up appointments. A formal review was due to take place in six months.
- The practice was awarded the Investors in People Status in 1998. In 2005 the practice was awarded Investors in People Champion Status, making them the first GP practice in the UK to be awarded this. The practice went on to mentor and support 10 practices in the local area and a further 10 in neighbouring areas, facilitating training and development to assist them towards achieving their own Investors in People Award. The practice was subsequently presented with the Investors in People Outstanding Organisation Award in 2010 and the practice manager with the Special Achievement Award in the same year.